



LANCASHIRE COUNTY COUNCIL

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# REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1968

*(Presented to the County Council, 6th November, 1969)*



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# PUBLIC HEALTH AND HOUSING COMMITTEE (1968-69)

## The Chairman of the County Council :

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## The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR FRED LONGWORTH, D.L.

## The Chairman of the Finance Committee :

COUNTY ALDERMAN J. G. BARBER-LOMAX, C.B.E., T.D., M.A., LL.B., J.P., D.L.

## The Vice-Chairman of the Finance Committee :

COUNTY ALDERMAN J. SELWYN JONES, O.B.E., J.P.

## The Chairman of the Health Committee :

COUNTY ALDERMAN H. LORD, C.B.E., J.P.

## Chairman of Committee :

COUNTY ALDERMAN F. L. NEEP

## Vice-Chairman :

COUNTY COUNCILLOR T. G. HARRISON, J.P.

## County Aldermen:

H. M. F. CARRINGTON, Esq., J.P. | D. H. ELLETON, Esq., B.A.

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R. C. ARCHIBALD, Esq.	M. W. INGOE, Esq.
E. BARKER, Esq.	W. H. LAWRENSON, Esq., ( <i>from</i> 12.9.68)
D. BENNETT, Esq., J.P.	W. H. LIGHTFOOT, Esq.
G. BOOTH, Esq.	W. J. McKAY, Esq., J.P.
A. DAVIES, Esq.	O. MURRAY, Esq.
W. C. FARINGTON, Esq., ( <i>from</i> 12.9.68)	H. NUTTALL, Esq.
W. FORREST, Esq., J.P.	W. T. PRESCOTT, Esq.
P. GILBRAITH, Esq.	Mrs. A. SHERRATT
E. HAYES, Esq.	G. SMITH, Esq.
T. S. HAYTON, Esq.	A. B. TIMPERLEY, Esq., J.P.
B. HODGSON, Esq.	F. WHITWORTH, Esq.
Mrs. N. HOLLEY	P. WORTH, Esq.
W. HOWARTH, Esq.	W. WROE, Esq., J.P.

## HEALTH COMMITTEE (1968-69)

### The Chairman of the County Council :

COUNTY ALDERMAN H. LUMBY, C.B.E., J.P., D.L.

### The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR FRED LONGWORTH, D.L.

### The Chairman of the Finance Committee :

COUNTY ALDERMAN J. G. BARBER-LOMAX, C.B.E., T.D., M.A., LL.B., J.P., D.L.

### The Vice-Chairman of the Finance Committee :

COUNTY ALDERMAN J. SELWYN JONES, O.B.E., J.P.

### The Chairman of the Public Health and Housing Committee :

COUNTY ALDERMAN F. L. NEEP

### The Chairman of the Lancashire Education Committee :

COUNTY ALDERMAN J. R. HULL, C.B.E.

### The Chairman of the School Health Sub-Committee :

COUNTY COUNCILLOR R. C. ARCHIBALD

### Chairman of Committee :

COUNTY ALDERMAN H. LORD, C.B.E., J.P.

### Vice-Chairman :

COUNTY ALDERMAN J. W. GEERE, J.P.

### County Aldermen :

S. C. BOTTOMLEY, Esq., ( <i>died</i> 15.5.68)	Mrs. W. KETTLE, J.P.
H. DAVIES, Esq.	Mrs. K. LOWE, J.P.
T. HOURIGAN, Esq., M.A., J.P.	Mrs. C. M. PICKARD, J.P.
Mrs. M. M. C. KEMBALL, O.B.E., J.P.	F. WORSLEY, Esq., J.P.

### County Councillors :

A. E. AMBROSE, Esq., ( <i>from</i> 19.3.69)	W. H. LIGHTFOOT, Esq.
G. L. ANNETT, Esq., C.I.E.	Mrs. M. MARTIN
Mrs. E. M. BRUCE	L. A. MURRAY, Esq., J.P.
A. EASTWOOD, Esq.	G. E. PAILIN, Esq., J.P.
E. ELLISON, Esq.	W. T. PRESCOTT, Esq.
J. E. FITZSIMMONS, Esq.	G. B. ROBINSON, Esq., J.P.
S. GLOVER, Esq., ( <i>resigned</i> 15.7.68)	J. E. SCHOFIELD, Esq., ( <i>from</i> 20.9.68)
C. HALLIDAY, Esq.	G. SMITH, Esq.
T. G. HARRISON, Esq., J.P.	R. THORNTON, Esq.
Mrs. P. N. E. HAWTON, ( <i>from</i> 19.3.69)	H. TRAVIS, Esq., J.P.
B. HODGSON, Esq.	F. WHITWORTH, Esq.
Mrs. N. HOLLEY	A. WILLIAMS, Esq., J.P.
H. HUNT, Esq., J.P.	P. WORTH, Esq.
T. JACKSON, Esq.	E. WRIGHT, Esq., M.B.E., J.P.,
L. G. JENNINGS, Esq.	( <i>resigned</i> 19.3.69)

**Members appointed by :***Lancashire Non-County Boroughs Association :*

Mrs. V. B. DICKINSON, J.P., (resigned 4.10.68)		P. J. OLIVER, Esq.
R. A. McGEOCH, Esq., (from 4.10.68)		

*Lancashire Urban District Councils Association :*

J. O. RILEY, Esq.		Mrs. A. SMITH, J.P.
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*Lancashire Branch of Rural District Councils Association :*

A. PARKER, Esq.		R. SPENCER, Esq., M.B.E.
-----------------	--	--------------------------

*Lancashire Executive Council :*

Mrs. E. J. E. BRADLEY		A. WALTON, Esq., J.P.
-----------------------	--	-----------------------

*Lancashire Local Medical Committee :*

DR. H. SOUTHWORTH

*Voluntary Organisations for the Care of Old People :*

Mrs. E. A. CHRISTIAN-FLETCHER, M.B.E.		J. S. JACKSON, Esq.
Mrs. N. M. HOWARD, J.P.		

COUNTY HEALTH STAFF (As at 31st December, 1968)  
(Jointly with School Health Service)

**County Medical Officer of Health and Principal School Medical Officer :**

S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Q.H.P., Barrister-at-Law

**Deputy County Medical Officer and Deputy Principal School Medical Officer :**

C. H. T. WADE, B.Sc., M.D., Ch.B., D.P.H.

**Principal Senior Medical Officers:**

IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H., D.P.H.

J. M. V. PACKER, M.B., Ch.B., D.P.H.

J. G. A. S. WILLIAMSON, M.D., Ch.B., D.P.H.

**Medical Staff :**

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	D. H. GAWITH, M.R.C.S., L.R.C.P., D.P.H. S. B. DARBISHIRE, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P.
2	J. V. DYER, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	W. R. FALCONER, M.B., Ch.B., D.P.H. IRENE HOLBROOK, M.B., Ch.B., D.C.H. PATRICIA M. O'CONNOR, B.A., M.B., B.Ch., B.A.O., L.M. *JANET E. PENHALE, M.B., B.S., M.R.C.S., L.R.C.P. H. B. POLLOCK, M.B., B.S., D.Obst. R.C.O.G. *ELIZABETH M. ROBERTSON, M.B., Ch.B. MARGARET M. TIMPANY, M.B., Ch.B., D.P.H. †BRIDIE O. WILSON, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. *SIDNEY L. WRAY, B.A., M.B., B.Ch., B.A.O.
3	J. E. MORRIS, B.Sc., M.B., B.Ch., D.C.H., D.P.H., D.I.H.	*KATHLEEN BALL, M.B., Ch.B. E. A. R. BERKLEY, <i>T.D.</i> , M.R.C.S., L.R.C.P. J. R. BROWN, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. D. W. EDWARDS, M.B., Ch.B. J. L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M. †E. J. HUNT, M.B., B.S., D.P.H. SHEILA P. PARKER, M.B., Ch.B.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	*ELIZABETH E. BIRD, B.A., M.B., B.Ch., B.A.O. DORIS J. BLACK, B.A., M.B., B.Ch., B.A.O. *DILYS K. DAVIES, M.B., B.S., D.P.H. D. J. DOHERTY, M.B., Ch.B., D.P.H. *MARGARET FAIRCLOUGH, L.A.H. MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H. CATHERINE O. L. HOLT, M.B., Ch.B., D.Obst.R.C.O.G. *EILEEN McILWAINE, L.M.S.S.A. †N. T. W. POVER, L.M.S.S.A., L.R.C.S., L.R.F.P.S., D.P.H. *JEAN ROBSON, M.B., Ch.B., D.C.H. MORFUDD E. THOMAS, B.Sc., M.B., B.Ch. *MARGARET WREN, M.B., B.S., D.C.H.
5	R. C. WEBSTER, <i>T.D.</i> , B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	*J. ALCORN, M.B., Ch.B. MAUD M. FRANKLAND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. *MARGARET S. GISBOURNE, M.B., Ch.B. *D. HARRIS, M.B., B.Ch., B.A.O. J. HOUGHTON, M.B., Ch.B. MARY JEPSON, M.B., B.S. JOSEPHINE M. M. O'REGAN, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. †SHEILA M. WHEELER, L.R.C.P., L.R.C.S., L.R.F.P.S., D.Obst.R.C.O.G., D.P.H.

\*Part-time.

†Senior Assistant Divisional Medical Officer.



Health Division No.	Divisional Medical Officer	Assistant Medical Officers
6	P. G. HOLT, M.B., Ch.B., D.P.H.	*A. BARLOW, M.B., Ch.B. MARGOT G. DUNLOP, B.Sc., M.B., Ch.B. MARGARET W. SEYMOUR, M.B., Ch.B., D.P.H. HELEN M. TURNER, M.R.C.S., L.R.C.P., D.P.H. D. G. WILLIAMS, M.B., Ch.B., D.Obst.R.C.O.G.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.G.P., D.P.H.	*J. M. ALLAN, M.B., Ch.B., D.Obst.R.C.O.G. †JEANNETTE DIAMOND, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. O. EDWARDS, M.B., Ch.B., D.P.H. *CATRIONA M. MAISELS, M.B., Ch.B., D.P.H. EILEEN S. MERCHANT, M.B., Ch.B., D.Obst. R.C.O.G. *ISABELLA G. PITKEATHLY, M.B., Ch.B., D.Obst.R.C.O.G. ELIZABETH J. SUTTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H.
8	J. H. M. ROBERTSON, M.B., Ch.B., D.P.H.	*MARY R. CARDWELL, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. *R. D. CHOUDHURY, M.R.C.S., L.R.C.P., D.P.H., D.I.H., D.M.J. *DOROTHEA H. M. COOKE, M.B., B. Ch., B.A.O. *E. P. COOKE, M.A., M.R.B.S., L.R.C.P., D.I.H. *G. A. FULTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. *R. F. B. HOWARTH, M.B., B.Ch., B.A.O. THELMA M. MORGAN, L.M.S.S.A., L.M.C.C. S. NAYLOR, B.Sc., M.B., Ch.B., D.P.H. *ELIZABETH RHIND, M.B., Ch.B. *LOIS M. RYAN, M.B., Ch.B. *MARGARET J. L. TEMPLE, M.B., Ch.B., M.R.C.S., L.R.C.P.
9	F. W. BUNTING, <i>M.B.E.</i> , M.D., Ch.B., D.P.H.	JANET HAWCROFT, M.B., Ch.B., D.Obst.R.C.O.G. *E. J. HAYES, M.B., Ch.B. MARGARET A. HOUGHTON, M.B., Ch.B. †MARY F. KNIGHT, M.B., Ch.B., D.C.H. MARY C. MANGAN, M.B., B.Ch., B.A.O., L.M. *MOIRA S. MELLOR, M.B., Ch.B., D.C.H. *MARGARET P. NEILL, M.B., B.Ch., B.A.O., D.Obst.R.C.O.G., D.C.H., D.P.H. †K. OLDROYD, M.B., Ch.B., D.P.H. *GENEVIEVE SCARISBRICK, M.B., Ch.B., D.Obst.R.C.O.G., D.T.M. & H. *MARGARET L. TAYLOR, M.B., Ch.B. JEAN J. WILSON, M.B., Ch.B., D.Obst.R.C.O.G. *A. WOLF, L.R.C.S., L.R.C.P., L.R.F.P.S.
10	R. ELLIS JONES, M.B., Ch.B., D.P.H.	*GERALDINE M. H. ELLIS, M.B., Ch.B. BESSIE HOWARTH, M.B., Ch.B. EVANGELINE T. MORAHAN-SMIDDY, M.B., B.Ch., B.A.O. J. H. SWINDELL, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. J. C. UDECHUKU, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.T.M. & H., D.P.H., D.I.H.
11	E. TAYLOR, M.B., Ch.B., D.P.H.	PATRICIA F. D. ANDERSON, L.R.C.P., L.R.C.S., L.R.F.P.S. I. C. COOMBS, M.B., Ch.B. H. E. S. CROOK, M.B., B.S. JEAN M. DESMOND, M.A., M.B., Ch.B., D.P.H. SHEILA L. MCKINLAY, M.B., Ch.B., D.C.H. MARGARET C. RICHARDS-JONES, M.B., B.Ch. J. C. SCANLAN, M.B., B.Ch., B.A.O., L.A.H. J. S. WILLMAN, M.B., B.Ch., B.A.O.

\* Part-time.

† Senior Assistant Divisional Medical Officer.

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
12	T. SEYMOUR JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	*MARY T. C. BRENNAN, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. †A. B. DAVIES, M.B., B.Ch., D.P.H. E. DESMOND, M.B., B.Ch., B.A.O., L.M., D.P.H. *BERYL EDGECOMBE, M.B., Ch.B., D.P.H. *BRIDGET FORD, M.B., B.Ch., B.A.O. P. LEE, B.Sc., M.B., Ch.B. *J. S. B. MACKAY, M.A., M.B., Ch.B., D.P.H. *JOAN E. MADDISON, M.B., B.S. J. V. MAHER, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. *CECILIA F. G. WILD, M.B., Ch.B., D.P.H.
13	A. N. PICKLES, M.B., Ch.B., D.P.H.	BERYL A. BARLOW, M.B., Ch.B., D.P.H. MARGIT BOLDUS, B.Sc., M.B., Ch.B. MARGARET A. FEENY, M.B., B.Ch., B.A.O., L.M., D.P.H. T. I. V. FERGUSON, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H.
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15	W. J. ELWOOD, M.B., B.Ch., B.A.O., D.P.H.	†M. S. BLACKBOURN, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.C.H., D.P.H. J. F. CAWLEY, M.B., B.S., L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. *JOYCE CHALMERS, M.B., B.S., M.R.C.S., L.R.C.P. R. GARDNER, M.R.C.S., L.R.C.P. L. M. MAYER-JONES, M.R.C.S., L.R.C.P. V. R. RAO, B.Sc., M.B., B.S., D.P.H. *L. REECE, M.B., Ch.B. *OLIVE M. THOMAS, M.B., Ch.B., D.P.H. *JEAN H. WARD, M.B., B.S. *FRANCES O. WILSON, M.B., Ch.B.
16	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	†MARJORIE T. DARE, M.B., Ch.B., D.P.H. *A. J. ELLISON, M.B., B.Ch., D.Obst.R.C.O.G. *FIONNUALA KENNEDY, M.B., B.Ch., B.A.O. ROSEMARY A. MAYER-JONES, M.B., Ch.B., D.Obst.R.C.O.G.
17	A. S. SIMPSON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (acting)	P. S. AGARWAL, M.B., B.S., D.C.H. HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. PAULINE BLOCKLEY, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. *MARGARET E. BURNS-PRICE, M.B., Ch.B., D.P.H. CHRISTINE P. HOBSON, M.B., Ch.B., D.Obst.R.C.O.G. *NUALA W. KENYON, M.B., B.Ch., B.A.O. *B. J. MAHONEY, M.B., B.Ch., B.A.O. *C. A. O'CONNOR, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

\* Part-time.

† Senior Assistant Divisional Medical Officer.

Delegate District	Medical Officer	Assistant Medical Officers
Crosby M.B.	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	J. B. CLARKE, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H. IRENE W. SIMPSON, M.B., Ch.B., D.P.H.
Huyton-with-Roby U.D.	F. W. BUNTING, M.B.E., M.D., Ch.B., D.P.H.	*ELIZABETH M. JOHNSON, M.B., Ch.B., D.Obst.R.C.O.G., D.C.H. *ENID PARRY, M.B., Ch.B., D.P.H. MARY PILLING, M.R.C.S., L.R.C.P., C.P.H. *LUCY M. SUTCLIFFE, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

\* Part-time

Delegate District	Medical Officer	Assistant Medical Officers
Middleton M.B.	G. R. BRACKENRIDGE, M.B., Ch.B., D.P.H.	*A. K. KENWAY, L.R.C.S.,L.R.C.P., L.R.F.P.S., M.P.S. *J. S. B. MACKAY, M.A., M.B., Ch.B., D.P.H. *A. REITH, M.B., Ch.B. *L. SCHREIBER, M.D.
Stretford M.B.	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	PHOEBE J. M. ARMSTRONG, B.Sc., M.B., B.Ch., C.P.H. *MARY I. THOMPSON, M.B., B.Ch., M.R.C.S., L.R.C.P., D.C.H. *ETHNA A. WALSH, M.B., Ch.B., D.A.

\*Part-time

**Principal School Dental Officer:**  
L. B. CORNER, L.D.S., R.C.S.(Edin.)

**Area Dental Officers:**

- T. A. M. ASHMAN, L.D.S.  
A. C. CRAWFORD, L.D.S., R.C.S.  
G. ENTWISLE, L.D.S.  
J. L. HALTON, L.D.S.  
J. F. HIGSON, B.D.S.  
A. JONES, L.D.S., R.C.S.  
L. A. JONES, L.D.S.
- E. M. LONGTON, L.D.S., R.C.S.  
G. K. TAYLOR, L.D.S., R.C.S.  
P. H. TAYLOR, B.D.S.  
A. D. TORRY, L.D.S.  
C. R. WHEELER, L.D.S.  
BERTHA D. WORSWICK, B.D.S.

**Dental Officers:**

*Whole-time:*

- T. N. ASHALL, L.D.S.  
JOAN M. BULLOUGH, L.D.S.  
R. J. CARSON, L.D.S.  
MARGARET CLARK, L.D.S.  
J. B. CLUNAN, B.D.S.  
R. A. COLLINS, L.D.S.  
J. B. COONEY, L.D.S.  
E. CROSBIE, L.D.S.  
R. DANNOUS, Stat.Exam.  
A. H. ELLAM, L.D.S., B.D.S., F.D.S., R.C.S.  
G. R. FAIRCLOUGH, L.D.S.  
S. GOLDMAN, L.D.S.  
J. GREENHALGH, L.D.S.  
L. B. HALL, L.D.S.  
J. S. HIGHAM, B.D.S.  
N. P. HILTON, L.D.S.  
P. J. KENYON, B.D.S.
- W. A. LINNELL, L.D.S.  
W. R. LORD, L.D.S.  
H. MUNGUR, L.D.S., R.C.S.  
W. F. NEWMAN, L.D.S.  
K. S. NUNN, B.D.S.  
KATHLEEN PLATT, L.D.S.  
J. POLLOCK, L.D.S.  
G. S. PRENTICE, L.D.S.  
B. H. REID, L.D.S.  
CATHERINE A. ROBINSON, B.D.S.  
MAGGIE ROBINSON, L.D.S.  
MARGARET E. ROBINSON, L.D.S.  
D. W. ROSE, B.D.S., R.C.S.  
JOAN A. SOAMES, B.D.S.  
H. W. TOTTY, B.D.S.  
H. V. O. TRENBATH, L.D.S.  
K. WOODS, L.D.S., B.D.S.

*Part-time:*

- A. G. ADDINSELL, L.D.S.  
A. BESWICK, B.D.S.  
R. H. BINGHAM, L.D.S.  
J. D. BRYDEN, B.D.S.  
DOROTHY A. CARSON, L.D.S.  
MARY G. COWPER, L.D.S.  
MARJORIE R. CRAVEN, L.D.S.  
P. F. CUNNINGHAM, L.D.S.  
ELISABETH A. DURANT, L.D.S.  
A. M. FLETT, L.D.S.  
H. GAUNT, B.Ch.D.  
R. B. GELDEARD, L.D.S.  
L. K. GRAY, L.D.S.  
CATHERINE T. M. GREEN, L.D.S.  
W. P. HAMER, L.D.S., B.D.S.  
K. HEYS, L.D.S.  
SUSAN J. HILL, B.D.S.  
A. HODGKINSON, L.D.S.  
T. S. HOLT, L.D.S.
- CLAIRE C. KEARNEY, B.D.S.  
L. LEVER, L.D.S.  
BERYL LEVY, B.D.S.  
ISOBEL C. MACKIE, L.D.S.  
R. MARSHALL, B.D.S.  
K. MATSON, L.D.S., R.C.S.  
KATHLEEN R. MAXFIELD, L.D.S.  
K. E. METCALF, L.D.S.  
IRENE MICHAEL, L.D.S., R.C.S.  
H. B. NYMAN, L.D.S.  
P. J. OLIVER, B.D.S.  
EVELYN PURSLOW, B.D.S.  
P. D. ROBINSON, L.D.S.  
J. S. SELWYN, L.D.S.  
ANNIE H. TYLDESLEY, B.D.S.  
ELIZABETH M. WALSH, L.D.S.  
GILLIAN J. WEST, B.D.S.  
FREDA N. WILLIAMS, L.D.S.  
MARIA WOODS, L.D.S.



**Chief Lay Administrative Officer :**

F. V. ROBINSON

**Welfare Services Organiser :**

G. A. ROYLE, LL.B., B.Com., D.M.A., A.C.I.S.

**Ambulance Service Organiser :**

A. ORTON, *M.B.E.*

**County Public Health Officers :**

A. KEWLEY

D. B. SOUTHWORTH

R. K. TAYLOR

K. WALMSLEY

**Supervisor of Midwives :**

MISS M. LEES, S.R.N., S.C.M.

**Superintendent Health Visitor and School Nurse :**

MISS P. C. L. GOULD, S.R.N., S.C.M., H.V.Cert.

**Superintendent of District Nurses:**

MISS L. MOORCROFT, S.R.N., S.C.M., H.V.Cert., Q.N.

**County Analyst :**

A. C. BUSHNELL, F.R.I.C., M.Chem.A.



# REPORT OF THE MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1968

*To the Chairman and Members of the Lancashire County Council.*

I have the honour of presenting for your consideration the eightieth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1968, together with the vital statistics relative to that period.

Whilst within the body of the report details of all these matters are provided and an account given of what has been accomplished during the year, it is perhaps not inappropriate in this introduction, written after twenty years of operation of the National Health Service, to reflect on the health trends over that period.

Great advances in medical knowledge generally have taken place with beneficial results in community health, but these have perhaps been most spectacular in regard to the control of the infections. Pneumonia, which used to account for so many deaths in young adults, has been effectively controlled. Pulmonary tuberculosis, once the scourge which carried off hosts of young people and which at the time of the inception of the National Health Service was still a cause for serious concern, has been reduced to a remarkably low level of incidence. The mortality rate of 0.25 per 10,000 population in 1968 was the lowest ever recorded and was less than 1/13th of what it was 20 years ago. Diphtheria has been virtually abolished. In 1938 there were 4,571 cases of this disease notified in Lancashire with 208 deaths. Until 1968, when one death of a non-immunised child occurred, there had been no deaths from diphtheria in Lancashire for the last seven years and the very occasional cases which occur could doubtless be prevented if parents took full advantage of immunisation which has proved so efficacious. Poliomyelitis, of which 375 cases occurred in 1947 in Lancashire, has similarly been controlled by routine administration of vaccine in childhood and cases are rare to-day in the County.

These are but a few of the impressive results in the field of prevention and looking into the future there seems little doubt that research will result in further widespread advances, possibly by the discovery of agents which will cope with the viruses, those primitive organisms which are proving so difficult to defeat because of their ability to enter into and to change the structure of the living cell.

Apart from these advances which perhaps may be looked upon as "scientific", there has developed an awareness of the need for organisation and team-work. This is gradually pervading general medical practice in the community. General practitioners are finding they can no longer effectively conduct their practices single-handed and there is a clear need for doctors to work closely in the community with nurses, health visitors, mental welfare officers, social welfare officers and others. The problem is one of providing for the individual patient the fullest help the team is capable of giving, at the same time maintaining the personal relationship with the family physician who as the Porritt Report says is "the friend to whom they (the patients) can turn for advice and help when they are in any kind of trouble". Already in Lancashire the links between the general practitioners and the local health authority's nurses, midwives and health visitors are being strengthened in many areas by formal arrangements and in one Division a social welfare worker and a mental welfare worker are also "attached" to two group practices, an arrangement which is working well. In those areas where health centres are being set up these desirable developments will be further promoted. At the time of writing four health centres are in operation and four more are in the process of being built. A further 33 have been programmed for future development.

Outstanding in the past twenty years has been the progress in community care of vulnerable groups, especially the aged, the physically handicapped and the mentally disordered. In Lancashire much fruitful co-operation has occurred between statutory bodies concerned with health and welfare and between them and voluntary organisations. Thus special housing, social visiting, training and occupational activities for example, have been developed as well as residential accommodation in the form of hostels. The provision of special housing is of great importance and the further development of projects both by housing authorities and voluntary organisations is something much to be desired. Such is most likely to promote the happiness of those people who by reason of age and personal circumstances can no longer manage unaided in their own homes.

No review of the first twenty years of the National Health Service would be complete without reference to the favourable developments in maternity and child welfare. Maternity services have been brought to a high level of proficiency and the expectant mother of to-day receives an extremely high degree of care whilst childbirth has never been safer than it is now. Little more than 30 years ago one in every 200 women died in childbirth—to-day the figure is down to one in every 5,000. Co-operation between hospital, general practitioner and domiciliary midwife is strengthened by the inter-professional liaison committees which were set up under the National Health Service with great advantage to mother and child.



Infant welfare has always occupied an important place in the priorities of the Health Committee, and it is pleasing to report that the infant mortality rate for 1968 of 19·4 per 1,000 live births was the lowest ever recorded. In recent years, as a result of the accretion of our knowledge of child development there has been an increasing emphasis on this aspect of the work. The early recognition of handicaps, their assessment and the care of the "vulnerable" child are of the utmost importance and staff are encouraged to develop their skills to the highest degree in this field of activity.

The work of a Local Health Authority must always consist fundamentally of prevention and education. Public health education is a slow process and progress has often to await the gathering force of public opinion. People need to be convinced that a project is for their benefit and in their best interests. Health education at the personal level has been practised effectively in the clinic and in the home for years, particularly by the health visitor. More recently an increasing emphasis on education by mass means has developed, for public health can be promoted by changing the attitudes of the public just as it can by "scientific" procedures involving immunisation against specific diseases.

One field where changes of attitudes are much to be desired is illegitimacy, which in Lancashire as elsewhere, has shown an upward trend for a good number of years and the rate for which in 1968 was the highest recorded since the war. This state of affairs cannot but be viewed with some concern and would seem to indicate that still greater emphasis needs to be placed on the education and training of the young.

It is perhaps in the realm of the so-called chronic diseases that a break-through would be most welcome. Heart disease, malignant tumours and vascular diseases are prime causes of death to-day whilst much suffering and incapacity arise from conditions such as chronic bronchitis, rheumatism in its various manifestations and diseases of the central nervous system. Such diseases are characterised by the obscurity of their origin, their long course and the multiplicity of factors involved in their aetiology so that a single identifiable cause cannot be established. This points to two basic needs. One is for prompt diagnosis and for health education to encourage people to submit to early investigation; the other for care and after-care involving many disciplines—hospitals, housing, day care facilities and home visiting by nursing and welfare staff. In all this the role of the local health and welfare services is of immense importance, and it is clear that the future will see even still greater demands for community care in alleviating the lot of these handicapped groups.

Co-incident with the "scientific" advances in medicine referred to earlier and the development of personal and community care services, there has, of course, also been considerable progress in the environmental health services. Improvements in housing conditions, water supplies, sanitation, food hygiene and purity of milk, have all contributed in large measure to the betterment of the health and well-being of the community—matters in which the County Council have, in many ways, been able to play a large part.

In presenting this, my last Report as your Medical Officer of Health, I would like to express my warm thanks to members of the County Council for their interest in, and support of, the work of the department over the years. In particular, I am grateful to the Health Committee and the Public Health and Housing Committee for their considerate administration and encouragement.

It is a pleasure, too, to acknowledge the splendid help received from members of the staff, both centrally and in the divisions, without which the developments and progress made would not have been possible. I would like to acknowledge especially the debt I owe to those senior administrative officers in the department, professional and lay, whose wide knowledge and experience have been of inestimable value in the formulation of advice to the responsible Committees and in the subsequent execution of policy.

I am, my Lord, Ladies and Gentlemen,  
Your obedient Servant,  
S. C. GAWNE,  
County Medical Officer of Health.

Health Department,  
East Cliff County Offices,  
Preston.  
*October, 1969.*

## VITAL STATISTICS

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**Physical features and general character of the County.**—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire and on the west by the Irish Sea. The north-western portion of the County—the peninsulas of Furness and Cartmel, physically a part of the Lake Country—is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west to Denton in the south-east, is roughly 80 miles and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts, varying between 10 and 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Conistون Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to more than 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leck, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portions are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Conistون (the third largest lake in England) and Esthwaite. Two thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred on engineering and allied trades, textile works, mining and quarrying.

**Area of Administrative County.**—As constituted on the 31st December, 1968, the area of the Administrative County was 1,032,723 statute acres, representing a loss during the year of 279 acres. This resulted from the operation on the 1st April, 1968, of the Bootle (Extension) Order, 1968, which transferred from the parishes of Netherton and Sefton in the West Lancashire Rural District to the County Borough of Bootle an area of 279 acres having at the time of the Census, 1961 enumeration a population of 147 persons.

A further boundary alteration within the area of the Administrative County occurred on the 1st April with the operation of the County of Lancaster (Skelmersdale and Holland Urban District) Confirmation Order, 1968. This order created mainly from the Urban Districts of Skelmersdale and Upholland, having areas of 1,941 and 4,684 acres with populations at the time of the Census, 1961 of 6,309 and 7,452 respectively, the Skelmersdale and Holland Urban District with an area of 7,510 acres and a population based on the Census, 1961 enumeration of 13,841. Also transferred to the area of the new authority were 381 acres from the Ormskirk Urban District and 504 acres from the Wigan Rural District, having Census, 1961, populations of 25 and 55 respectively.

The acreage of each County district, compiled in accordance with the County Report on the Census, 1961, as adjusted for any subsequent boundary alteration, is given in Table 3, pages 138 to 145.

**Population of Administrative County.**—Estimates of home population include members of British, Commonwealth and foreign armed forces stationed in the area, but not members of the armed forces stationed outside England and Wales. In compiling the local estimates undergraduates in residential colleges of universities, pupils in boarding schools, patients in psychiatric hospitals and



persons in similar institutions are treated generally as part of the population of the area in which the institution is situated, but patients in general hospitals, convalescent homes and similar institutions are generally included in the population of the area of their normal place of residence.

The Registrar General's estimate of the home population of the Administrative County at the 30th June, 1968, was 2,428,040, an increase of 32,040 over the estimate for the previous year. Compared with the Census enumeration of 1961, as adjusted for subsequent boundary alterations, the estimate for 1968 was greater by 229,832. The *natural* increase in population during the year (i.e., the excess of live births over deaths) was 12,247, a decrease of 628 as compared with the corresponding figure for the previous year. The major contribution to the increase in the population was again inward migration, which in 1968 represented almost 62 per cent. of the total growth.

The tabular statement below records the estimated home populations of the Administrative County, the aggregate urban districts and the aggregate rural districts for each of the last 10 years together with the annual increase or decrease. No adjustments have been made for such boundary alterations as may have taken place during the period.

Year	Administrative County		Urban Districts		Rural Districts	
	Estimated home population	Annual increase or decrease	Estimated home population	Annual increase or decrease	Estimated home population	Annual increase or decrease
1959	2,151,000	+ 22,000	1,843,000	+ 16,000	308,000	+ 6,000
1960	2,175,950	+ 24,950	1,862,800	+ 19,800	313,150	+ 5,150
1961	2,206,190	+ 30,240	1,882,530	+ 19,730	323,660	+ 10,510
1962	2,237,810	+ 31,620	1,904,000	+ 21,470	333,810	+ 10,150
1963	2,268,060	+ 30,250	1,923,230	+ 19,230	344,830	+ 11,020
1964	2,291,680	+ 23,620	1,935,430	+ 12,200	356,250	+ 11,420
1965	2,326,890	+ 35,210	1,958,590	+ 23,160	368,300	+ 12,050
1966	2,366,020	+ 39,130	1,979,100	+ 20,510	386,920	+ 18,620
1967	2,396,000	+ 29,980	1,999,010	+ 19,910	396,990	+ 10,070
1968	2,428,040	+ 32,040	2,020,070	+ 21,060	407,970	+ 10,980

CONSTRUCTED POPULATIONS.—The Registrar General's estimates of the home population relate to the position at the 30th June and refer to the areas as constituted at that date. It follows that where an area has been affected by changes of boundary [during the year such estimates are inappropriate for use with the mixed records of births, deaths, etc., for the year which combine the "before change" and "after change" position in the year. For the calculation of annual rates based on population, therefore, the Registrar General now issues a *constructed* population which, mingling in appropriate proportions the populations of the area both before and after the boundary alteration, corresponds with the combination of "before change" and "after change" records of births, deaths, etc., against which it is to be set.

The constructed populations relevant in 1968 are shown in Table 3, pages 138 to 145, and have been used throughout this report where appropriate in the calculation of statistics.

AVERAGE POPULATION DENSITIES.—The following table gives the area, population, persons per acre and acres per person of the Administrative County as constituted on the 31st December, 1968, distributed among the non-county boroughs and the urban and rural districts:—

	* Area in acres 31.12.1968	Population		Persons per acre	Acres per person
		Census, 1961	Estimated home population mid-1968	Calculated on estimated home population	
Municipal Boroughs (26) ...	125,118	902,260	900,730	7.20	0.14
Urban Districts (68) ...	255,126	973,084	1,119,340	4.39	0.23
Rural Districts (14) ...	652,477	322,864	407,970	0.63	1.60
Administrative County (108) ...	1,032,723	2,198,208	2,428,040	2.35	0.43

\* As supplied by Ordnance Survey Department and given to the nearest acre.

**Summary of Vital Statistics, 1889-1968.**—The following table compares the County birth and death rates for the year 1968 with the previous year, and with the 79 years, 1889-1967, grouped in quinquennial periods:—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 <i>total</i> (live and still) births	Rate of deaths under one year per 1,000 live births
	Live birth rate	Crude death rate	Death rate from tuberculosis of respiratory system	†Death rate from cancer		
Mean of 5 years—						
1889-1892 (4 years) ...	30·60	19·02	*1·06	—	—	154
1893-1897 ...	29·42	18·03	1·25	—	—	161
1898-1902 ...	26·98	16·58	1·04	—	—	161
1903-1907 ...	25·32	14·82	0·89	0·66	—	138
1908-1912 ...	23·11	13·96	0·85	0·77	—	122
1913-1917 ...	19·75	14·35	0·93	0·99	—	110
1918-1922 ...	18·90	13·91	0·82	1·11	—	91
1923-1927 ...	15·98	12·44	0·66	1·25	—	79
1928-1932 ...	13·99	12·58	0·57	1·43	—	70
1933-1937 ...	13·39	12·78	0·47	1·54	4·98	62
1938-1942 ...	14·70	13·00	0·42	1·65	3·33	56
1943-1947 ...	18·29	12·97	0·39	1·85	1·98	48
1948-1952 ...	15·43	12·68	0·28	1·92	0·91	34
1953-1957 ...	14·94	12·67	0·13	2·07	0·91	27
1958-1962 ...	17·12	12·85	0·07	2·11	0·44	24
1963-1967 ...	18·11	12·39	0·05	2·15	0·26	21
Year—						
1967 ...	17·55	12·18	0·04	2·20	0·16	20·0
1968 ...	17·32	12·28	0·03	2·19	0·23	19·4
Increase or decrease in 1968 on—						
Mean of 5 years, 1963-67 ...	—0·79	—0·11	—0·02	+0·04	—0·03	—1·5
Previous year ...	—0·23	+0·10	—0·01	—0·01	+0·07	—0·6

\*Three years. †Includes, from 1950, deaths from Hodgkin's disease, leukaemia and aleukaemia.

Note: The death rates given in this Report for the County area and for the County districts are (except where otherwise stated) "unweighted" or "crude" rates, *i.e.*, they are neither "standardised" nor "corrected".

**Principal Vital Statistics relating to Mothers and Infants.**—In accordance with the requirements of the Department of Health and Social Security certain statistics for 1968 relating to mothers and infants are set out below:—

Total live births ...	42,062
Live birth rate per 1,000 population—crude ...	17·32
Live birth rate per 1,000 population—adjusted ...	17·84
Proportion (per cent.) of illegitimate live births to total live births ...	6·79
Total stillbirths ...	708
Stillbirth rate per 1,000 <i>total</i> births ...	16·6
Total live births and stillbirths ...	42,770
Total infant deaths (under one year) ...	815
Infant mortality rate per 1,000 live births ...	19·4
Mortality rate of legitimate infants per 1,000 legitimate live births ...	18·9
Mortality rate of illegitimate infants per 1,000 illegitimate live births ...	26·9
Neo-natal mortality (deaths under four weeks) rate per 1,000 live births ...	13·2
Early neo-natal mortality (deaths under one week) rate per 1,000 live births ...	11·2
Perinatal mortality (stillbirths and deaths under one week) rate per 1,000 <i>total</i> births ...	27·6
Total maternal deaths (including deaths from abortion) ...	10
Maternal mortality rate per 1,000 <i>total</i> births ...	0·23



**Births and Birth Rates.**—**LIVE BIRTHS.**—The number of infants born alive in 1968 to mothers normally resident in the Administrative County area was 42,062. This was fifteen more than the figure recorded in 1967. The sex distribution of the infants is shown below, together with the corresponding figures for each of the previous 10 years. It should be noted that all the births shown are those which were registered, with the exception of the years 1967 and 1968 when occurrences are given.

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1958	15,063	14,301	29,364	2,578	2,481	5,059	17,641	16,782	34,423
1959	15,943	14,785	30,728	2,596	2,358	4,954	18,539	17,143	35,682
1960	16,295	15,460	31,755	2,789	2,593	5,382	19,084	18,053	37,137
1961	16,924	15,854	32,778	2,909	2,803	5,712	19,833	18,657	38,490
1962	17,865	16,963	34,828	3,114	2,973	6,087	20,979	19,936	40,915
1963	18,203	16,933	35,136	3,304	3,021	6,325	21,507	19,954	41,461
1964	18,653	17,425	36,078	3,457	3,265	6,722	22,110	20,690	42,800
1965	18,355	17,060	35,415	3,602	3,332	6,934	21,957	20,392	42,349
1966	18,206	17,178	35,384	3,587	3,276	6,863	21,793	20,454	42,247
1967	18,200	16,907	35,107	3,544	3,396	6,940	21,744	20,303	42,047
1968	18,068	17,037	35,105	3,561	3,396	6,957	21,629	20,433	42,062

In 1968 the sex ratio of infants born alive was 1,059 males for each 1,000 females. The proportion of males to females born in 1968 was the lowest recorded since 1962, and was considerably below the average of 1,072 males in the preceding five years. It was, however, again within the limits of 1,051 and 1,081 males for each 1,000 females in the period covered by the above table.

The decline in the crude live birth rate, first noted in 1965, continued in 1968. The rate for the Administrative County was 17·32 per 1,000 of the estimated home population in 1968, 0·23 per 1,000 lower than that for 1967, and 0·79 per 1,000 lower than the average rate for the five years, 1963-67.

The number of live births assigned to each County district and the corresponding crude and adjusted rates are given in Table 3, pages 138 to 145. As a matter of interest the crude live birth rates of the Administrative County, the total urban districts and the total rural districts for the quinquennia since 1889 and for each of the last 54 years are given in Table 1, page 134.

**Adjusted Birth Rates.**—Birth rates are usually expressed as proportions of total populations which, comprising persons of all ages, include many who can have no influence on the reproductive process but do affect the birth rate in that a high proportion of them in the population of an area tends to lower, and a low proportion to raise, the rate of the area in relation to those of other areas. In order to nullify the effect of these variables and provide a basis for valid comparison of rates the Registrar General compiles and issues a comparability factor for each area. The adjusted birth rate resulting from the multiplication of the crude birth rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales. In the factors for 1957 and subsequent years an adjustment was made by the Registrar General to take account of the presence in each area of sterile population in institutions for the mentally ill or mentally subnormal.

The comparability factors for the Administrative County and its constituent districts are given in Table 2, page 137. The effect of the County factors upon the crude live birth rates for each of the last 10 years may be seen in the following table, which also includes the corresponding live birth rates for England and Wales. All the rates shown relate to live births registered with the exception of those for 1967 and 1968 which are based on occurrences.

				Live birth rate per 1,000 of the estimated home population									
				1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Urban Districts :													
Crude	...	...	...	16·67	17·05	17·41	18·29	18·27	18·64	18·08	17·88	17·56	17·38
Adjusted	...	...	...	16·84	17·05	17·41	18·29	18·82	19·20	18·62	18·41	18·26	18·25
Rural Districts :													
Crude	...	...	...	16·08	17·19	17·65	18·23	18·34	18·87	18·83	17·74	17·48	17·03
Adjusted	...	...	...	17·21	18·22	18·35	18·60	18·16	18·68	18·07	16·85	16·43	16·01
Administrative County :													
Crude	...	...	...	16·59	17·07	17·45	18·28	18·28	18·68	18·20	17·86	17·55	17·32
Adjusted	...	...	...	16·75	17·24	17·45	18·28	18·83	19·05	18·56	18·21	18·07	17·84
England and Wales				16·5	17·1	17·4	18·0	18·2	18·5	18·1	17·7	17·2	*16·9

\* Provisional figure.

*Illegitimate Live Births.*—Particulars of the illegitimate live births which occurred during 1968 and were assigned to the Administrative County are given below together with figures for each of the preceding 10 years. It should be noted that all the births shown are those registered with the exception of 1967 and 1968 which relate to occurrences.

Year	No. of illegitimate live births	Increase or decrease on previous year	Percentage increase or decrease on previous year	Percentage of total live births
1958	1,142	— 99	— 8·0	3·32
1959	1,296	+ 154	+ 13·5	3·63
1960	1,365	+ 69	+ 5·3	3·68
1961	1,565	+ 200	+ 14·7	4·07
1962	1,840	+ 275	+ 17·6	4·50
1963	1,976	+ 136	+ 7·4	4·77
1964	2,173	+ 197	+ 10·0	5·08
1965	2,411	+ 238	+ 11·0	5·69
1966	2,510	+ 99	+ 4·1	5·94
1967	2,760	+ 250	+ 10·0	6·56
1968	2,858	+ 98	+ 3·6	6·79

The number of illegitimate live births in the year was 98 greater than in 1967. This represented an illegitimacy ratio of 6·79 per cent, the highest recorded in the post-war period.

*STILLBIRTHS.*—The number of stillbirths which occurred in the Administrative County in 1968 was 708. This gave a stillbirth rate of 16·6 per 1,000 total births, being 0·9 greater than the rate for 1967 which constituted a low record. The corresponding provisional rate for England and Wales in 1968 was 14·4 per 1,000 total births. Expressed in terms of home population the stillbirth rate for the Administrative County was 0·29 per 1,000 and that for the whole country, 0·25.

The stillbirth rate for each County district is given in Table 3, pages 138 to 145.

*Deaths and Death Rates.*—The number of deaths from all causes assigned to the Administrative County in 1968 was 29,815, an increase of 643 over the total recorded for the previous year. The distribution by sex is shown below, together with corresponding figures for each of the preceding five years:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1963	12,427	12,133	24,560	2,204	2,011	4,215	14,631	14,144	28,775
1964	11,920	11,555	23,475	2,192	2,042	4,234	14,112	13,597	27,709
1965	12,316	12,022	24,338	2,199	2,016	4,215	14,515	14,038	28,553
1966	12,913	12,747	25,660	2,322	2,129	4,451	15,235	14,876	30,111
1967	12,418	12,325	24,743	2,286	2,143	4,429	14,704	14,468	29,172
1968	12,887	12,341	25,228	2,350	2,237	4,587	15,237	14,578	29,815

The following table analyses by age group the deaths assigned to the Administrative County in each of the last 10 years:—

Year	Deaths in age periods										Total
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	
1959	844	125	135	237	960		6,577		7,695	10,712	27,285
1960	929	144	123	181	970		6,661		7,470	10,802	27,280
1961	927	116	137	202	965		6,978		8,264	11,770	29,359
1962	984	126	132	206	995		6,883		7,916	11,522	28,764
1963	966	143	144	201	256	766	2,005	4,923	7,879	11,492	28,775
1964	916	126	151	243	263	757	1,933	4,893	7,503	10,924	27,709
1965	839	135	150	258	248	718	1,953	4,982	7,852	11,418	28,553
1966	841	152	144	265	272	714	1,952	5,153	8,237	12,381	30,111
1967	840	138	147	263	270	657	1,961	4,972	8,140	11,784	29,172
1968	815	137	151	213	242	663	2,011	5,045	8,425	12,113	29,815



Of the total deaths 68·9 per cent. occurred at ages over 64 years and 40·6 per cent. at ages over 74 years. Of females who died during 1968, more than three-quarters (76·5 per cent.) had attained the age of 65 years and more than half (51·3 per cent.) had attained the age of 75 years. The corresponding proportions for males were lower at 61·1 per cent. and 30·4 per cent. respectively. The 952 deaths of children under five years of age were 26 fewer than in 1967, and the mortality rate of 4·41 per 1,000 children within the age group represented the lowest rate ever recorded.

The separate causes to which the deaths in the age groups quoted in the above table were ascribed are shown in Table 5, page 152 to 154.

The 29,815 deaths assigned to the Administrative County in 1968 were equivalent to a crude rate of 12·28 per 1,000 of the estimated home population. Whilst this rate is 0·10 per 1,000 greater than the corresponding rate for the previous year, it is lower by 0·11 per 1,000 than the rate for the preceding five years, 1963-67.

*Adjusted Death Rates.*—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death rates fail as comparative mortality indexes in that variations between them reflect not only a differing mortality experience but also a differing population constitution. It is therefore necessary to identify and allow for the population variable and in practice this is achieved by the calculation and supply to each area by the Registrar General of an area comparability factor. The adjusted death rate resulting from the multiplication of the crude death rate of an area by its comparability factor may be regarded as comparable with the adjusted rate of another area or with the crude rate for England and Wales. The comparability factor for each County district is given in Table 2 on page 137, whilst the crude and adjusted rates are shown in Table 3, pages 138 to 145. The effect of the County factors, also given in Table 2, may be seen in the following table which shows, for the Administrative County and for the urban and rural areas, both the crude and adjusted rates for each of the last 10 years. The death rates for England and Wales are also given.

	Death rate per 1,000 of the estimated population									
	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Urban Districts :										
Crude ... ..	12·80	12·55	13·40	12·89	12·77	12·13	12·43	12·97	12·38	12·49
Adjusted ... ..	14·08	13·93	15·01	14·44	14·05	13·34	13·30	13·74	13·24	13·49
Rural Districts :										
Crude ... ..	12·01	12·43	12·74	12·64	12·22	11·88	11·44	11·50	11·16	11·23
Adjusted ... ..	12·01	12·68	13·13	13·02	11·98	12·36	11·44	11·85	11·83	12·13
Administrative County :										
Crude ... ..	12·68	12·54	13·31	12·85	12·69	12·09	12·27	12·73	12·18	12·28
Adjusted ... ..	13·83	13·79	14·77	14·27	13·83	13·18	13·01	13·49	13·03	13·26
England and Wales ... ..	11·6	11·5	11·9	11·9	12·2	11·3	11·5	11·7	11·2	*11·9

\* Provisional figure.

As a matter of interest the crude death rates for each of the last 54 years and the quinquennial averages since 1889 for the Administrative County and the aggregates of the urban and rural districts are given in Table 1, page 134.

**CAUSES OF DEATH.**—A classified statement of the causes of death in 1968, by age group and sex, for the Administrative County and the aggregates of urban and rural districts is given in Table 5, pages 152 to 154. Details of the deaths by cause group in the various County districts are given in Table 4, pages 146 to 151 and total deaths by sex are shown for each district in Table 3, pages 138 to 145.

The cause list used in 1968 in compiling these figures is basically the International Abbreviated List of 50 Causes (B List) from the manual of the Eighth Revision of the International Classification, with some further sub-divisions which make each section of the list complete in itself, and improve comparability with the Short List based by the Registrar General on the Seventh Revision of the International Lists which has been used in compiling Tables 4 and 5 since 1950.

Details of the revised list of causes are set out below, with the broadly equivalent categories in the Short List of Causes indicated where appropriate. It should be noted, however, that such equivalent categories may not be more than very approximately similar and exact comparability cannot be assumed.



*Eighth Revision of the International  
Classification of Diseases*

B List number	I.C.D. Categories	Cause Title
B.1	000	Cholera
B.2	001	Typhoid Fever
B.3	004, 006	Bacillary dysentery and amoebiasis
B.4	008, 009	Enteritis and other diarrhoeal diseases
B.5	010-012	Tuberculosis of respiratory system
B.6	013-019	Other tuberculosis, including late effects
B.7	020	Plague
B.8	032	Diphtheria
B.9	033	Whooping cough
B.10	034	Streptococcal sore throat and scarlet fever
B.11	036	Meningococcal infection
B.12	040-043	Acute poliomyelitis
B.13	050	Smallpox
B.14	055	Measles
B.15	080-083	Typhus and other rickettsioses
B.16	084	Malaria
B.17	090-097	Syphilis and its sequelae
B.18	Remainder 000-136	All other infective and parasitic diseases
B.19 (part)	151	Malignant neoplasm—stomach
B.19 (part)	162	Malignant neoplasm—lung, bronchus
B.19 (part)	174	Malignant neoplasm—breast
B.19 (part)	180-182	Malignant neoplasm uterus
B.19 (part)	204-207	Leukaemia
B.19 (remainder)	Remainder 140-209	Other malignant neoplasms including neoplasms of lymphatic and haematopoietic tissue
B.20	210-239	Benign neoplasms and neoplasms of unspecified nature
B.21	250	Diabetes mellitus
B.22	260-269	Avitaminoses and other nutritional deficiency
B.46 (part)	Remainder 240-279	Other endocrine, nutritional and metabolic diseases
B.23	280-285	Anaemias
B.46 (part)	Remainder 280-289	Other diseases of blood and blood forming organs
B.46 (part)	290-315	Mental disorders
B.24	320	Meningitis
B.46 (part)	Remainder 320-389	Other diseases of nervous system and sense organs
B.25	390-392	Active rheumatic fever
B.26	393-398	Chronic rheumatic heart disease
B.27	400-404	Hypertensive disease
B.28	410-414	Ischaemic heart disease
B.29	420-429	Other forms of heart disease
B.30	430-438	Cerebrovascular disease
B.46 (part)	Remainder 390-458	Other diseases of the circulatory system
B.31	470-474	Influenza
B.32	480-486	Pneumonia
B.33 (part)	490-492	Bronchitis, emphysema
B.33 (remainder)	493	Asthma
B.46 (part)	Remainder 460-519	Other diseases of the respiratory system

*Seventh Revision of the International  
Classification of Diseases*

Short List number	I.C.D. Categories	Category in the Registrar General's Abridged List
—	—	—
—	—	—
—	—	—
27 (part)	543,571 572, 764 (part)	Gastritis, enteritis and diarrhoea
1	001-008	Tuberculosis, respiratory
2	010-019	Tuberculosis, other
—	—	—
4	055	Diphtheria
5	056	Whooping cough
—	—	—
6	057	Meningococcal infections
7	080	Acute poliomyelitis
—	—	—
8	085	Measles
—	—	—
—	—	—
3	020-029	Syphilitic disease
9	Remainder 001-138	Other infective and parasitic diseases
10	151	Malignant neoplasm—stomach
11	162, 163	Malignant neoplasm—lung, bronchus
12	170	Malignant neoplasm—breast
13	171-174	Malignant neoplasm—uterus
15	204	Leukaemia, aleukaemia
14	Remainder 140-205	Other malignant and lymphatic neoplasms
—	—	—
16	260	Diabetes
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
18-20	410-443	Coronary disease, angina Hypertension with heart disease
17	330-334	Other heart disease Vascular lesions of the nervous system
21	444-468	Other circulatory disease
22	480-483	Influenza
23	490-493, 763	Pneumonia
24	500-502	Bronchitis
—	—	—
25	Remainder 470-527	Other diseases of the respiratory system

Eighth Revision of the International Classification of Diseases			Seventh Revision of the International Classification of Diseases		
B List number	I.C.D. Categories	Cause Title	Short List number	I.C.D. Categories	Category of the Registrar General's Abridged List
B.34	531-533	Peptic ulcer	26	540, 541	Ulcer of stomach and duodenum
B.35	540-543	Appendicitis	—	—	—
B.36	550-553, 560	Intestinal obstruction and hernia	—	—	—
B.37	571	Cirrhosis of liver	—	—	—
B.46 (part)	Remainder 520-577	Other diseases of the digestive system	—	—	—
B.38	580-584	Nephritis and nephrosis	28	590-594	Nephritis and nephrosis
B.39	600	Hyperplasia of prostate	29	610	Hyperplasia of prostate
B.46 (part)	Remainder 580-629	Other diseases of the genito-urinary system	—	—	—
B.40	640-645	Abortion	30	640-689	Pregnancy, childbirth, abortion
B.41	630-639, 650-678	Other complications of pregnancy, childbirth and puerperium			
B.46 (part)	680-709	Diseases of the skin and subcutaneous tissue			
B.46 (remainder)	710-738	Diseases of the musculo-skeletal system and connective tissue	—	—	—
B.42	740-759	Congenital anomalies	31	750-759	Congenital malformations
B.43	764-768, 772, 776	Birth injury, difficult labour and other anoxic and hypoxic conditions	—	—	—
B.44	Remainder 760-779	Other causes of perinatal mortality	—	—	—
B.45	780-796	Symptoms and ill-defined conditions	—	—	—
BE.47	E810-823	Motor vehicle accidents	33	E810-835	Motor vehicle accidents
BE.48	Remainder E800-949	All other accidents	34	Remainder E800-962	All other accidents
BE.49	E950-959	Suicide and self-inflicted injuries	35	E963, 970-979	Suicide
BE.50	E960-999	All other external causes	36	E964, 965, 980-999	Homicide and operations of war

PRINCIPAL CAUSES OF DEATH.—Between 60 and 70 per cent. of all deaths each year are classified to causes falling within three main groups—heart disease, cancer and cerebrovascular disease. The relative importance of these and of the other principal causes of death in 1968 is shown in the following table:—

Cause of death	No. of deaths	Percentage of total deaths
Heart disease (all forms) ... ..	10,391	34·9
Cancer (including leukaemia) ... ..	5,309	17·8
Cerebrovascular disease ... ..	4,439	14·9
Pneumonia ... ..	1,704	5·7
Bronchitis, emphysema ... ..	1,663	5·6
Other diseases of the circulatory system ... ..	1,415	4·7
Violence (including accidents, suicide and all other external causes) ... ..	1,198	4·0

More details of the chief causes of death are given in the following paragraphs under their respective headings but it must be appreciated that the alterations to the cause groups of diseases following the Eighth Revision of the International Lists referred to earlier render comparisons with mortality for earlier years extremely difficult and in some cases impossible. In the succeeding paragraphs, therefore, whilst every effort has been made to give strictly comparable figures for previous years, it has been found necessary in some cases to omit all reference to any other than those for the year under review.

HEART DISEASES.—The deaths classified to the heart diseases as grouped in the International Abbreviated List of 50 Causes and assigned to the Administrative County in 1968 are shown below, together with the resultant death rates per 1,000 of the estimated home population:—

	No. of deaths	Death rate
Chronic rheumatic heart disease ... ..	384	0·16
Hypertensive disease ..... ..	510	0·21
Ischaemic heart disease ... ..	7,784	3·21
Other forms of heart disease ... ..	1,713	0·71

The 10,391 deaths in 1968 from all forms of heart disease represented some 34·9 per cent. of the total number of deaths from all causes. The resultant death rate of 4·28 per 1,000 of the estimated home population was 0·10 per 1,000 higher than the comparable rate for 1967. Deaths of persons over 65 years of age accounted for 73 per cent. of the total deaths from all forms of heart disease in 1968.

The following table shows the total deaths and equivalent rate from all forms of heart disease for the Administrative County in each of the past 20 years.



Year	No. of deaths	Crude death rate per 1,000 population	Year	No. of deaths	Crude death rate per 1,000 population
1949	8,328	4.12	1959	8,874	4.13
1950	9,145	4.47	1960	9,429	4.33
1951	9,543	4.68	1961	9,905	4.49
1952	8,579	4.20	1962	9,820	4.39
1953	8,326	4.07	1963	9,740	4.29
1954	8,772	4.27	1964	9,608	4.19
1955	9,017	4.36	1965	9,998	4.30
1956	8,948	4.28	1966	10,137	4.28
1957	9,051	4.29	1967	10,025	4.18
1958	9,603	4.51	1968	10,391	4.28

MALIGNANT NEOPLASMS, INCLUDING NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.—The following table gives particulars of deaths assigned to the Administrative County in each of the years 1963-68, for this group of causes, under the headings taken from the Abbreviated List of 50 Causes (B List).

Year	Sex	Malignant neoplasm—				Leukaemia	Other malignant neoplasms including neoplasms of lymphatic and haematopoietic tissue	Total— all forms
		Stomach	Lung, bronchus	Breast	Uterus			
1963	M.	384	915	3	—	77	1,143	2,522
	F.	300	167	466	201	58	1,066	2,258
	T.	684	1,082	469	201	135	2,209	4,780
1964	M.	375	942	5	—	72	1,175	2,569
	F.	336	156	417	201	43	1,115	2,268
	T.	711	1,098	422	201	115	2,290	4,837
1965	M.	407	993	9	—	67	1,230	2,706
	F.	302	186	415	201	64	1,122	2,290
	T.	709	1,179	424	201	131	2,352	4,996
1966	M.	398	997	3	—	84	1,289	2,771
	F.	346	180	434	210	56	1,174	2,400
	T.	744	1,177	437	210	140	2,463	5,171
1967	M.	387	1,014	5	—	80	1,298	2,784
	F.	291	223	461	187	59	1,271	2,492
	T.	678	1,237	466	187	139	2,569	5,276
1968	M.	413	1,088	1	—	75	1,283	2,860
	F.	317	193	470	210	67	1,192	2,449
	T.	730	1,281	471	210	142	2,475	5,309

Although the number of deaths from all forms of cancer in 1968 was 33 more than in 1967, the resultant death rate of 2.19 per 1,000 of the estimated home population was 0.01 per 1,000 lower than the comparable rate for 1967. The Administrative County rate, which was 0.13 per 1,000 lower than the provisional rate for 1968 for England and Wales, showed a reduction in comparison with the previous year for the first time since 1962.

There was an increase in the death rate from lung cancer to a new peak of 0.53 per 1,000 of the estimated home population, 0.01 per 1,000 higher than the previous high record noted in 1967. The rate for the Administrative County was, however, lower by 0.06 per 1,000 than the corresponding rates of 0.59 per 1,000 for England and Wales. The rates for deaths from malignant neoplasms of the stomach and of the uterus at 0.30 and 0.09 per 1,000 of the estimated home population, were higher by 0.02 and 0.01 per 1,000 respectively compared with the corresponding rates for 1967, whilst the rates for malignant neoplasms of the breast and leukaemia were unchanged at 0.19 and 0.06 per 1,000 respectively. Deaths in 1968 from other malignant neoplasms were 94 fewer than in 1967 and the resultant death rate of 1.02 per 1,000 of the estimated home population was lower by 0.05 per 1,000 than the corresponding rate for the previous year. The death rate from all forms of cancer, other than lung cancer, for the Administrative County in 1968 of 1.66 per 1,000 of the estimated home population was 0.06 per 1,000 lower than the rate for England and Wales.

The movement during the last 10 years of the crude cancer rates for the Administrative County and for its constituent grouped urban and rural areas is shown in the following table, together with the corresponding rates for England and Wales :—

Year	Mortality rate from cancer (all forms) per 1,000 of estimated home population			
	Urban Districts	Rural Districts	Administrative County	England and Wales
1959	2.11	1.90	2.08	2.14
1960	2.15	1.90	2.11	2.16
1961	2.22	2.02	2.19	2.16
1962	2.09	2.12	2.10	2.18
1963	2.16	1.81	2.11	2.18
1964	2.15	1.88	2.11	2.21
1965	2.18	1.99	2.15	2.23
1966	2.22	2.01	2.19	2.25
1967	2.27	1.87	2.20	2.27
1968	2.25	1.89	2.19	*2.32

\* Provisional figure.

**CEREBROVASCULAR DISEASE.**—The 4,439 deaths classified to this cause group (previously termed vascular lesions of the nervous system) and assigned to the Administrative County resulted in a mortality rate of 1.83 per 1,000 of the estimated home population. There was an increase of 104 in the number of deaths compared with 1967, whilst the mortality rate for 1968 was greater by 0.02 per 1,000. Of the total deaths from all causes in 1968, cerebrovascular disease accounted for 14.9 per cent. Persons aged 65 years of age and over accounted for 83 per cent. of deaths from this cause group.

**PNEUMONIA.**—The number of deaths from pneumonia in 1968 showed a considerable increase. The 1,704 deaths from this cause were 178 more than the number recorded in 1967, and 291 more than the average for the preceding five years. The mortality rate of 0.70 per 1,000 of the estimated home population represents the highest rate recorded since 1937. Of the 1,704 deaths assigned to the Administrative County, 78 per cent. were of persons of 65 years of age and over, and a further six per cent. were of infants under one year of age.

**BRONCHITIS, EMPHYSEMA.**—The number of deaths from bronchitis, emphysema, fell for the second successive year. The 1,663 deaths in 1968 were 45 fewer than the number recorded in 1967, and 29 fewer than the average for the five years 1963-1967. The mortality rate of 0.68 per 1,000 of the estimated home population compared favourably with the rate of 0.71 per 1,000 for 1967 and 0.73 per 1,000 for the preceding five years.

**OTHER DISEASES OF THE CIRCULATORY SYSTEM.**—For the fourth successive year the number of deaths ascribed to this cause group increased. The 1,415 deaths in 1968 from diseases of the circulatory system, other than the heart and cerebrovascular diseases mentioned earlier, were 46 more than the corresponding total for the previous year and 136 more than the average for the five years 1963-1967. Persons aged 65 years and over accounted for 86 per cent. of the total deaths due to this group of causes.

**VIOLENCE.**—Deaths from violence are divided into four groups in the International Abbreviated List of 50 Causes (B List)—motor vehicle accidents, all other accidents, suicide and self-inflicted injuries, and all other external causes. The 1,198 deaths ascribed to this group of causes in 1968 were classified as follows:—

Motor vehicle accidents	...	...	...	...	...	...	307
All other accidents	...	...	...	...	...	...	583
Suicide and self-inflicted injuries	...	...	...	...	...	...	220
All other external causes	...	...	...	...	...	...	88

Mortality from all forms of violence in the Administrative County in 1968 corresponded to a rate of 0.49 per 1,000 of the estimated home population, the lowest rate recorded since 1953. The 1,198 deaths were 78 less than in the previous year and 100 fewer than the average for the preceding five years.

The 307 deaths attributed to motor vehicle accidents were 90 fewer than the corresponding total for 1967, and the mortality rate of 0.13 per 1,000 of the estimated home population was the lowest recorded since 1962. Deaths from suicide and self-inflicted injuries were 15 fewer than in 1967 and the mortality rate of 0.09 per 1,000 of the estimated home population was the lowest recorded since 1941.

**TRANSFERABLE DEATHS.**—During the year under review, the following transfers were made—12,228 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided and these deaths (known as inward transfers) were assigned to their proper districts; 8,798 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.



**Maternal Mortality.**—There were ten deaths classified to maternal causes in 1968, and assigned by the Registrar General to the Administrative County. This was four more than in 1967, which constituted a low record, but one less than the average for the five years 1963-67. Of the ten deaths in 1968, three were ascribed to abortion whilst the remaining seven were due to other complications of pregnancy, childbirth and the puerperium. The maternal mortality rate for the Administrative County in 1968 was 0·23 per 1,000 total births, 0·09 per 1,000 greater than the rate for the previous year, but 0·03 per 1,000 lower than the corresponding rate for the preceding five years. The corresponding provisional rate for 1968 for England and Wales was 0·24 per 1,000 total births. Particulars of maternal mortality in the Administrative County and England and Wales in 1968 and each of the preceding 10 years are given in the following table:—

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1958	35,243	16	0·45	0·43
1959	36,502	19	0·52	0·38
1960	37,990	17	0·45	0·39
1961	39,260	15	0·38	0·33
1962	41,738	16	0·38	0·35
1963	42,209	12	0·28	0·28
1964	43,574	13	0·30	0·25
1965	43,087	14	0·32	0·25
1966	42,969	11	0·26	0·26
1967	42,718	6	0·14	0·20
1968	42,770	10	0·23	*0·24

\* Provisional figure.

The causes of the ten maternal deaths are analysed in accordance with the International Abbreviated List of 50 Causes (B List) in the following statement:—

Cause of death	No. of deaths
<i>Urinary infections and toxæmias of pregnancy and the puerperium—</i>	
Pre-eclampsia, eclampsia and toxæmia unspecified (637) ... ..	1
<i>Abortion—</i>	
Abortion induced for other reasons (642) ... ..	1
Spontaneous abortion (643) ... ..	2
<i>Delivery—</i>	
Delivery without mention of complication (650) ... ..	1
Delivery complicated by placenta prævia or antepartum hæmorrhage (651) ... ..	1
Delivery with other complications (661) ... ..	1
<i>Complications of the puerperium—</i>	
Puerperal pulmonary embolism (673) ... ..	2
Other and unspecified complications of the puerperium (677) ... ..	1

**Investigation of Maternal Deaths.**—Under instructions of the Secretary of State for Health and Social Services each death of a woman which has any association with childbirth must be investigated and, in the County area, such investigations are carried out by the divisional medical staffs. A confidential report on the facts and circumstances of each fatality is forwarded to the Department of Health and Social Security.

**Infant Mortality.**—The number of deaths of infants under one year of age assigned to the Administrative County in 1968 was 815. The resultant mortality rate of 19·4 per 1,000 live births was the lowest rate ever recorded, being 0·4 per 1,000 below the previous lowest achieved in 1965 and 1·5 per 1,000 below the average for the five years 1963-1967. Of the total deaths at all ages, the 815 infant deaths amounted to 2·73 per cent.

The following table shows the County, urban and rural infant death rates for 1968 and the preceding 10 years, together with those for England and Wales. All are rates per 1,000 live births registered during the year with the exception of those for 1967 and 1968, which are based on occurrences.

	Rate of deaths of children under 1 year per 1,000 live births										
	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Urban Districts ... ..	25.5	23.8	25.4	24.9	24.9	24.1	21.2	20.0	20.5	20.2	19.9
Rural Districts ... ..	26.3	22.8	22.7	19.4	19.1	18.8	22.3	18.9	16.6	19.0	17.0
Administrative County ... ..	25.6	23.7	25.0	24.1	24.0	23.3	21.4	19.8	19.9	20.0	19.4
England and Wales ... ..	22.5	22.2	21.8	21.4	21.7	21.1	19.9	19.0	19.0	18.3	*18.3

\* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available, is shown in Table 1, page 134.

MORTALITY OF ILLEGITIMATE INFANTS.—The following table shows the differential incidence of mortality during 1968 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County :—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total
1963	23.8	29.9	24.1	18.2	40.7	18.8	22.9	30.9	23.3
1964	20.9	26.7	21.2	21.7	40.2	22.3	21.0	28.1	21.4
1965	19.8	22.7	20.0	18.4	32.1	18.9	19.6	23.6	19.8
1966	19.9	30.1	20.5	16.2	28	16.6	19.3	29.9	19.9
1967	19.7	26.2	20.2	17.9	47.3	19.0	19.4	28.3	20.0
1968	19.3	26.7	19.9	16.4	29.2	17.0	18.8	26.9	19.4

NEO-NATAL MORTALITY.—There were 555 deaths of infants at ages under four weeks—45 fewer than in 1967. The mortality rate of 13.2 per 1,000 live births represented a low record for the Administrative County, being 0.3 per 1,000 below the previous record for the year 1965. The proportion of the total of infant deaths represented by neo-natal deaths was 68.1 per cent.

The neo-natal mortality rates for the Administrative County and the aggregates of the urban and rural districts for 1968 and each of the preceding 10 years are given in the following table together with the corresponding rates for England and Wales.

	Rate of deaths of children aged less than four weeks per 1,000 live births										
	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Urban Districts ... ..	18.3	16.5	17.4	17.5	17.8	16.6	15.2	13.6	14.4	14.3	13.3
Rural Districts ... ..	18.2	17.8	17.8	16.1	14.1	13.0	16.8	13.1	10.8	14.3	12.8
Administrative County ... ..	18.2	16.7	17.5	17.3	17.2	16.1	15.4	13.5	13.8	14.3	13.2
England and Wales ... ..	16.2	15.9	15.5	15.3	15.1	14.3	13.8	13.0	12.9	12.5	*12.4

\* Provisional figure.

EARLY NEO-NATAL MORTALITY.—As in the case of infant and neo-natal mortality, the 473 deaths of infants in 1968 during the first week of life resulted in a mortality rate of 11.2 per 1,000 live births, the lowest rate recorded since 1959 when particulars of early neo-natal mortality were first made available at district level by the Registrar General. Early neo-natal deaths accounted for 58 per cent. of the total infant deaths, and some 85 per cent. of neo-natal deaths occurred during the first week of life.



CAUSES OF INFANT AND NEO-NATAL DEATHS.—A reference to Table 5, page 152, shows that the group classifications of the International Abbreviated List of 50 Causes (B List) are unsatisfactory from the point of view of a detailed analysis of deaths at ages under one year, considerably more than a half of such infant deaths being shown within the three groups—"Other causes of perinatal mortality," "Birth injury, difficult labour and other anoxic and hypoxic conditions" and "Congenital anomalies". A more satisfactory classification of the causes of infant and neo-natal mortality is available, however, from departmental records, although three factors operate against an exact agreement of the deaths analysed locally with those included in the Registrar General's analysis—(i) the local analysis relates to deaths occurring during the calendar year, the latter to deaths registered; (ii) the former analysis may be deficient in isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer; (iii) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back to the certifying practitioner cannot normally be made by the County authority in cases of inadequate certification.

Compared with the 473 early neo-natal, 555 neo-natal and 815 infant deaths registered in 1968 and assigned by the Registrar General to the Administrative County, the local analyses show respective totals of 463, 540 and 793. These were classified by cause groups as follows:—

Cause of death							Early neo-natal deaths	Neo-natal deaths	Infant deaths
Tuberculosis of respiratory system	...	...	...	...	...	...	—	...	—
Tuberculosis, other forms	...	...	...	...	...	...	—	...	—
Whooping cough	...	...	...	...	...	...	—	...	2
Meningococcal infection	...	...	...	...	...	...	—	...	3
Measles	...	...	...	...	...	...	—	...	—
Acute respiratory infections (except influenza)	...	...	...	...	...	...	—	4	37
Influenza	...	...	...	...	...	...	—	...	2
Pneumonia	...	...	...	...	...	...	13	23	99
Other diseases of respiratory system	...	...	...	...	...	...	—	1	3
Gastro-enteritis and diarrhoea	...	...	...	...	...	...	1	3	36
Congenital anomalies	...	...	...	...	...	...	73	109	149
Anencephalus	...	...	...	...	...	...	10	10	10
Spina bifida	...	...	...	...	...	...	12	19	28
Congenital hydrocephalus	...	...	...	...	...	...	4	4	5
Other congenital anomalies of nervous system	...	...	...	...	...	...	4	6	7
Congenital anomalies of circulatory system	...	...	...	...	...	...	24	39	63
Congenital anomalies of respiratory system	...	...	...	...	...	...	1	1	1
Congenital anomalies of digestive system	...	...	...	...	...	...	2	10	13
Congenital anomalies of genito-urinary system	...	...	...	...	...	...	4	5	5
Other and unspecified congenital anomalies	...	...	...	...	...	...	12	15	17
Certain causes of perinatal mortality	...	...	...	...	...	...	360	370	372
Maternal conditions unrelated to pregnancy	...	...	...	...	...	...	3	3	3
Toxaemias of pregnancy	...	...	...	...	...	...	—	—	—
Maternal ante- and intrapartum infection	...	...	...	...	...	...	—	—	—
Difficult labour with abnormality of bones, organs or tissue of pelvis	...	...	...	...	...	...	—	—	—
Difficult labour with disproportion, but no mention of abnormality of pelvis	...	...	...	...	...	...	—	—	—
Difficult labour with malposition of foetus	...	...	...	...	...	...	2	2	2
Difficult labour with abnormality of forces of labour	...	...	...	...	...	...	1	1	1
Difficult labour with other and unspecified compli- cations	...	...	...	...	...	...	3	3	3
Other complications of pregnancy and childbirth	...	...	...	...	...	...	38	39	39
Conditions of placenta	...	...	...	...	...	...	3	3	3
Conditions of umbilical cord	...	...	...	...	...	...	5	5	5
Birth injury without mention of cause	...	...	...	...	...	...	37	38	38
Termination of pregnancy	...	...	...	...	...	...	2	2	2
Haemolytic disease of newborn	...	...	...	...	...	...	9	9	9
Anoxic and hypoxic conditions not elsewhere classified	...	...	...	...	...	...	107	108	109
Other conditions of foetus and newborn	...	...	...	...	...	...	150	157	158
All other causes	...	...	...	...	...	...	17	30	90
TOTAL—all causes							463	540	793

Particulars of the registered infant, neo-natal and early neo-natal deaths and death rates for each County district for the year 1968 are given in Table 3, pages 138 to 145.

**Perinatal Mortality.**—This term describes the total loss of new life shortly before, during and shortly after birth, represented by all stillbirths in combination with early neo-natal deaths. The perinatal mortality rate expresses the total of such events as a proportion of the total (live and still) births. The 708 stillbirths and 473 early neo-natal deaths in 1968 together represented a perinatal mortality rate of 27·6 per 1,000 total births, the lowest on record. The provisional 1968 rate for England and Wales was 24·7 per 1,000 total births.



## INFECTIOUS AND OTHER NOTIFIABLE DISEASES

The year 1968 saw changes affecting the notification of infectious diseases. The Public Health (Infective Jaundice) Regulations 1968, introduced with effect from the 15th June, the compulsory notification of cases of infective jaundice, a condition which had hitherto been notifiable by virtue of local legislation in only 11 of the constituent districts of the Administrative County.

The Health Services and Public Health Act, 1968, Part III, together with appropriate regulations introduced under the provisions of the Act, came into effect on the 1st October, 1968, and amended or revoked previous legislation, principally the Public Health Acts of 1936 and 1961 and the individual regulations covering the notification of specific diseases. As a result, cases of acute pneumonia, acute rheumatism, erysipelas, membranous croup and puerperal pyrexia were no longer compulsorily notifiable. Diseases which additionally became notifiable were acute meningitis, leptospirosis, tetanus and yellow fever.

As a matter of record and report the list below indicates those diseases which constituted the compulsorily notifiable diseases from the 1st October, 1968.—

Acute encephalitis	Measles
Acute meningitis	Ophthalmia neonatorum
Acute poliomyelitis	Paratyphoid fever
Anthrax	Plague
Cholera	Relapsing fever
Diphtheria	Scarlet fever
Dysentery (amoebic or bacillary)	Smallpox
Food poisoning	Tetanus
Infective jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping cough
	Yellow fever

The following paragraphs give more detailed information on the incidence of the specific diseases in the County area during the year.

**Smallpox.**—For the fifteenth successive year no case of smallpox was notified within the Administrative County area.

**Diphtheria.**—There were eight cases of diphtheria notified during 1968, all of which were in children, of whom none was known to have been immunised. The cases were all within one district of the Administrative County, and were the first notifications since 1962, being the first reported in children since 1960. The eight cases were the highest number recorded since 1955 as was the attack rate of 0·003 per 1,000 of the estimated home population. The death of one child of three years of age was classified to this disease, the first death since 1960.

**Whooping cough.**—The 802 cases of whooping cough notified in 1968 were 1,377 less than in 1967, and were equivalent to an attack rate of 0·3 per 1,000 of the estimated home population, compared with 0·9 per 1,000 in the previous year. There were two deaths—both of infants in their first year of life who had not been immunised.

**Measles (*excluding rubella*).**—There were 15,699 cases of measles notified during the year, equivalent to an attack rate of 6·5 per 1,000 of the estimated home population. The number of cases and the attack rate were the lowest reported since 1962, being 6,269 cases and 2·9 per 1,000 below the average for the five years 1963–1967. Two deaths were classified to measles, two less than in the previous year and the lowest number reported since 1958.

**Acute poliomyelitis.**—Two cases of acute poliomyelitis were notified in the Administrative County in 1968, both being subsequently confirmed as paralytic, virus type 1. The first case, notified in June, was a boy 7 years of age who had received only one dose of protective vaccine some five years earlier. The second case, notified in September, a girl of 10 years of age had not been vaccinated against poliomyelitis. Both patients were subsequently reported to have recovered with functional limitations and to be still receiving treatment. This was the fifth year in which there were no deaths from poliomyelitis in the County area.





Other Diseases

	Ophthalmia neonatorum			††Chickenpox			Malaria (Believed to have been contracted abroad)			Anthrax		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Administrative County ...	3	1	4	70	61	131	1	1	2	1	—	1

There were no notifications made in respect of the following diseases in the area of the Administrative County during 1968:—

- Cholera
- Leprosy
- \*Leptospirosis
- Plague
- Relapsing fever
- \*Tetanus
- Typhus
- \*Yellow fever

\* Notifiable from 1st October,1968.  
† Notifiable from 15th June 1968.  
†† Notifiable during year in one district only.

The following table gives details of notifications in the Administrative County made during the first nine months of the year, of those diseases which ceased to be compulsonly notifiable after the 30th September, 1968:—

Age group	All ages			0–			1–			3–			5–			10–			15–			25–			45–			65–			Un-known		
Sex	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Meningococcal infection ...	10	6	16	3	3	6	4	2	6	1	—	1	1	1	2	—	—	—	1	—	1				—	—	—				—	—	—
Acute pneumonia ...	68	65	133				M	F	T				M	F	T				M	F	T				23	15	38	22	25	47	—	2	2
Erysipelas ...	12	34	46				1	1	2				2	1	3				2	6	8				5	3	8	2	13	15	—	—	—

There were 23 cases of puerperal pyrexia notified during the period up to the 1st October, 1968.

In the 11 districts of the Administrative County in which infective hepatitis was notifiable by virtue of local legislation, 32 cases in males and 48 cases in females were notified during the period 1st January to the 14th June, 1968.

Below, comparison is made of the numbers of notifications of the principal infectious diseases during 1968 and the preceding 10 years:—

Infectious disease	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Measles (excluding rubella)	10,328	22,493	20,054	23,773	13,346	27,631	22,767	19,055	23,283	17,102	15,699
Whooping cough ...	1,394	2,615	2,805	982	260	2,113	1,673	588	1,091	2,179	802
Scarlet fever ...	1,985	2,508	2,022	1,297	775	704	1,257	2,217	1,814	1,284	1,028
Dysentery ...	2,659	2,279	4,052	1,622	2,991	1,640	1,757	1,141	924	2,405	1,660
Diphtheria ...	1	2	3	1	1	—	—	—	—	—	8
Acute poliomyelitis ...	101	56	6	103	5	7	3	12	3	1	2
Acute encephalitis ...	8	5	8	10	5	9	6	7	5	7	10
Typhoid and paratyphoid fever ...	36	26	20	33	9	12	24	237	16	5	4
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—

**Acute Rheumatism.**—The notification to the County Medical Officer of Health of cases of acute rheumatism in persons under 16 years of age was discontinued from the 1st October, 1968. Nine cases were notified in the Administrative County area in the first nine months of 1968, three males and six females. All the cases were of children within the ages 5–14, two males and two females being within the 5–9 group and the remainder in the age group 10–14 years. Four of the cases (one male, three females) were clinically classified as “rheumatic pains and/or arthritis without heart disease”, two cases (one male, one female) were classified “rheumatic heart disease (active)—alone” two cases (one male, one female) classified “rheumatic heart disease (active) with polyarthritis” and one case (female) classified “rheumatic chorea (alone)”.

**Tuberculosis.—NOTIFICATIONS.**—In the following table the numbers of primary notifications and the corresponding attack rates in the Administrative County are given for 1968 and each of the preceding 10 years:—

Year	Primary notifications			Attack rate per 1,000 population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1958	1,024	142	1,166	0·48	0·07	0·55
1959	1,016	110	1,126	0·47	0·05	0·52
1960	775	86	861	0·36	0·04	0·40
1961	728	100	828	0·33	0·05	0·38
1962	740	100	840	0·33	0·04	0·38
1963	601	89	690	0·26	0·04	0·30
1964	596	98	694	0·26	0·04	0·30
1965	504	97	601	0·22	0·04	0·26
1966	490	80	570	0·21	0·03	0·24
1967	455	82	537	0·19	0·03	0·22
1968	405	79	484	0·17	0·03	0·20

Notifications of all forms of tuberculosis in 1968 declined to new low record levels. The incidence rates for the Administrative County were again below the comparable provisional rates for England and Wales for 1968, by 0·05 per 1,000 of the estimated home population for respiratory tuberculosis, 0·02 per 1,000 for non-respiratory tuberculosis and 0·07 per 1,000 for all forms of tuberculosis.

The tuberculosis notifications both primary and inward transfer (i.e., relating to known cases of tuberculosis moving into the County area) received during 1968 are analysed by sex/age group and site classification in Table 6, page 155.

**MORTALITY.**—The number of deaths classified to all forms of tuberculosis declined to a new low record in 1968. The 78 deaths so classified were equivalent to a death rate of 0·32 per 10,000 of the estimated home population which compared very favourably with the rate of 0·43 per 10,000 for England and Wales.

In the table below the number of tuberculous deaths registered during 1968 and the preceding 10 years are given for the Administrative County together with the corresponding death rates. Attention is drawn however, to alterations to the coding of deaths in 1968 which have been made by the Eighth revision of the International Classification of Diseases. As a result the category “Other tuberculosis” for 1968 includes all deaths from “late effects” some of which would have been assigned to “Respiratory Tuberculosis” in earlier years and this has rendered the separate rates for respiratory and other forms of tuberculosis for 1968 not strictly comparable with previous years.

Year	Deaths			Death rate per 10,000 of the population		
	Respiratory tuberculosis	Other tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Other tuberculosis	Tuberculosis (all forms)
1958	204	19	223	0·96	0·09	1·05
1959	163	13	176	0·76	0·06	0·82
1960	151	8	159	0·69	0·04	0·73
1961	129	19	148	0·58	0·09	0·67
1962	130	13	143	0·58	0·06	0·64
1963	117	19	136	0·52	0·08	0·60
1964	113	13	126	0·49	0·06	0·55
1965	94	14	108	0·40	0·06	0·46
1966	121	15	136	0·51	0·06	0·57
1967	87	6	93	0·36	0·03	0·39
1968	61	17	78	0·25	0·07	0·32

Table 5, pages 152 to 154, shows the distribution by sex and age group of the deaths from tuberculosis assigned in 1968 to the Administrative County and to the aggregated urban and rural districts.

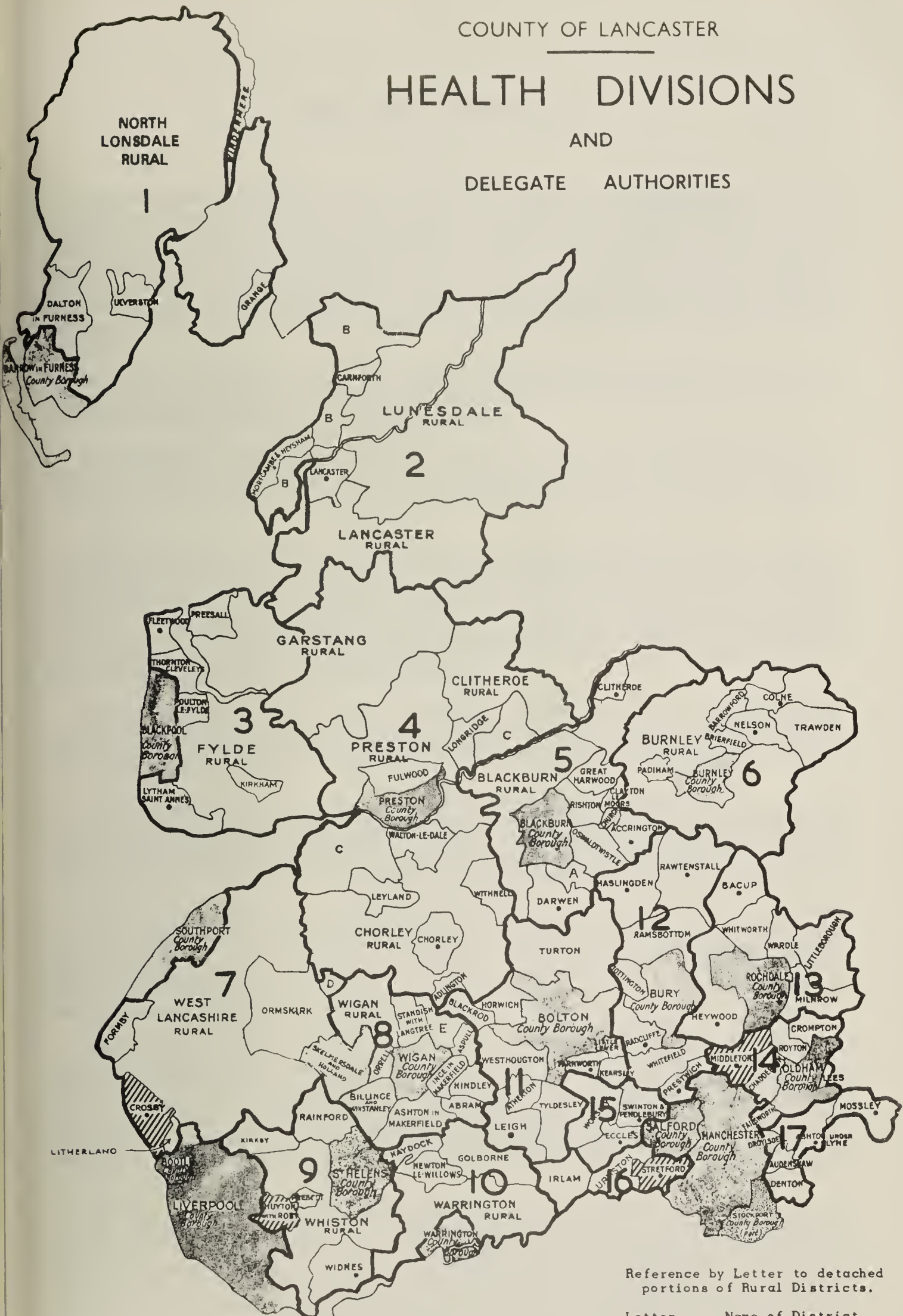


# COUNTY OF LANCASTER

## HEALTH DIVISIONS

AND

DELEGATE AUTHORITIES



Delegate Authorities



Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN





## HEALTH SERVICES

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**Services Provided.**—Under the provisions of Part III of the National Health Service Act, 1946, it is the duty of the County Council, as local health authority for the Administrative County area, to provide, in accordance with schemes approved by the Minister of Health, health centres and services embracing the care of mothers and young children, midwifery and maternity nursing, health visiting, home nursing, vaccination and immunisation, ambulance transportation and the prevention of tuberculosis and mental illness and care and after-care of the tuberculous and mentally disordered. Under permissive sections of the Act the County Council's approved scheme of prevention, care and after-care is extended to cover all forms of illness and a domestic help service is provided.

In addition, provision is made under the terms of the National Assistance Act, 1948, for (i) residential accommodation for the aged and infirm, (ii) temporary accommodation for persons in urgent need and (iii) the welfare of handicapped persons.

The Health Services and Public Health Act, 1968, which was placed on the Statute Book on the 26th July, 1968 covers a number of matters affecting the work of the health services in the Administrative County and reference will be found in the appropriate Sections of the report to the effects of the Act.

Generally, certain provisions of the Act deal with amendments connected with the National Health Service such as the midwifery, health visiting and district nursing services with regard to developments which have taken place in the growth of health centres, and attachment schemes, and the consequent change in the manner of employment of these staffs; the power of the Authority to provide residential accommodation, training centres and other ancillary or supplementary services for the prevention of all types of illness, including mental disorder and for the care and after-care of persons suffering from illness; the home help service, laundry service and the question of charges where children are placed with child minders.

Other provisions are concerned with amendments connected with local authorities' services under the National Assistance Act, 1948; changes relative to notifiable diseases and food poisoning; welfare foods, instruction of staff and assistance to voluntary organisations operating in the field of local health and welfare services.

The responsibility for the administration of the various functions referred to above is that of the Health Committee which, appointed in accordance with the provisions of the National Health Service Act, 1946, consists of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Lancashire Executive Council, the Lancashire Local Medical Committee, and voluntary organisations concerned with the care of old people.

**DIVISIONAL ADMINISTRATION.**—The administrative arrangements made by the County Council for carrying out their duties as local health authority were designed to conform, as far as possible, to those made for the treatment services administered by regional boards and executive councils and accordingly, following the pattern for the hospital treatment services laid down by the Act, committees were established in 17 divisional areas covering the Administrative County for the local management of the services in the divisions.

Each divisional health committee is composed of members of the County Council, representatives appointed by (a) the councils of County districts within the division, (b) management committees of hospitals serving the division and (c) the education divisional executives within the division, together with persons co-opted at the discretion of the divisional committee with the approval of the Health Committee, and the committees undertake the day-to-day administration of the bulk of the services provided by the local health authority, except insofar as they have been delegated to certain County district councils under the terms of the Local Government Act, 1958, as referred to below.

**DELEGATION OF FUNCTIONS.**—In accordance with approved delegation schemes made under section 46 of the Local Government Act, 1958, the councils of four County districts—Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.—administer within their respective areas a wide range of health and welfare services on behalf of the County Council. The delegated services are specified in the Act and from those listed in the first two paragraphs above exclude only the ambulance service, such part of the prevention of illness, care and after-care scheme as relates to the care or after-care in residential accommodation of persons suffering from mental illness, and the provision of residential and temporary accommodation under the National Assistance Act, 1948. The remaining functions required by section 46 to be included in delegation schemes are those under the Nurseries and Child Minders Regulation Act, 1948, and those under the Mental Health Act, 1959, not included in the prevention of illness, care and after-care scheme by virtue of the amendment by that Act of Part III of the National Health Service Act.

The health divisions and delegate districts into which the Administrative County is divided for the purposes of administration of the health and welfare services are shown on the map here inserted, whilst in the following statement the acreages, the Census, 1961, populations and the Registrar General's estimated mid-1968 populations of the various areas as constituted at the 31st December, 1968, are set forth.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1968	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1968)	Estimated home, mid-1968
1	Dalton-in-Furness U.D. ... ..	8,022	10,316	10,990
	Grange U.D. ... ..	1,883	3,125	3,280
	Ulverston U.D. ... ..	3,206	10,527	10,690
	North Lonsdale R.D. ... ..	127,448	16,598	15,880
		140,559	40,566	40,840
2	Lancaster M.B. ... ..	5,101	48,253	48,090
	Morecambe and Heysham M.B. ...	3,796	40,228	40,850
	Carnforth U.D. ... ..	1,504	4,113	4,180
	Lancaster R.D. ... ..	52,982	14,000	17,270
	Lunesdale R.D. ... ..	76,267	8,224	10,460
		139,650	114,818	120,850
3	Fleetwood M.B. ... ..	2,565	27,686	28,770
	Lytham St. Annes M.B. ... ..	5,814	36,189	37,110
	Kirkham U.D. ... ..	939	4,819	6,380
	Poulton-le-Fylde U.D. ... ..	2,272	12,726	16,050
	Preesall U.D. ... ..	3,277	2,357	3,380
	Thornton Cleveleys U.D. ... ..	3,358	20,648	25,920
	Fylde R.D. ... ..	33,264	17,370	18,150
	†Garstang R.D. (part) ... ..	14,535	3,751	4,430
		66,024	125,546	140,190
4	Chorley M.B. ... ..	4,283	31,315	31,100
	Adlington U.D. ... ..	1,062	4,276	4,610
	Fulwood U.D. ... ..	3,164	16,016	19,360
	Leyland U.D. ... ..	3,804	19,413	22,270
	Longridge U.D. ... ..	3,285	4,686	6,020
	Walton-le-Dale U.D. ... ..	4,733	18,964	25,280
	Withnell U.D. ... ..	4,186	2,849	3,000
	Chorley R.D. ... ..	41,117	28,567	34,100
	†Clitheroe R.D. (part) ... ..	19,803	2,389	2,530
	†Garstang R.D. (part) ... ..	42,956	10,639	12,560
	Preston R.D. ... ..	49,754	43,592	50,280
		178,147	182,706	211,560
5	Accrington M.B. ... ..	4,418	39,018	36,810
	Clitheroe M.B. ... ..	2,386	12,158	12,940
	Darwen M.B. ... ..	5,959	29,475	28,740
	Church U.D. ... ..	528	5,888	5,810
	Clayton-le-Moors U.D. ... ..	1,060	6,421	6,330
	Great Harwood U.D. ... ..	2,868	10,718	11,030
	Oswaldtwistle U.D. ... ..	4,885	11,918	13,930
	Rishton U.D. ... ..	2,879	5,433	5,610
	Blackburn R.D. ... ..	19,469	15,053	19,260
	†Clitheroe R.D. (part) ... ..	12,367	6,410	6,800
		56,819	142,492	147,260
6	Colne M.B. ... ..	5,939	19,430	18,750
	Nelson M.B. ... ..	3,445	32,292	31,400
	Barrowford U.D. ... ..	1,387	4,644	4,680
	Brierfield U.D. ... ..	807	7,018	7,270
	Padiham U.D. ... ..	975	9,899	10,160
	Trawden U.D. ... ..	6,815	1,952	2,010
	Burnley R.D. ... ..	39,849	16,035	16,160
		59,217	91,270	90,430

† Populations computed from Registrar General's estimates on basis of parish populations as at Census, 1961.



Health Division No.	Sanitary district	Area in acres at 31st Dec., 1968	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1968)	Estimated home, mid-1968
7	*Crosby M.B. ... ..	4,785	59,166	58,980
	Formby U.D. ... ..	5,613	11,734	20,600
	Litherland U.D. ... ..	1,210	24,871	24,720
	Ormskirk U.D. ... ..	15,227	21,803	25,680
	Skelmersdale and Holland U.D. ...	7,510	13,841	21,870
	West Lancashire R.D. ... ..	65,341	55,616	66,270
		99,686	187,031	218,120
8	Abram U.D. ... ..	1,979	6,004	6,210
	Ashton-in-Makerfield U.D. ...	6,266	19,262	25,070
	Aspull U.D. ... ..	1,905	6,748	7,440
	Billinge and Winstanley U.D. ...	4,596	6,945	10,140
	Hindley U.D. ... ..	2,610	19,396	22,400
	Ince-in-Makerfield U.D. ... ..	2,321	18,019	16,950
	Orrell U.D. ... ..	1,616	10,664	12,010
	Standish-with-Langtree U.D. ...	3,266	9,692	10,920
	Wigan R.D. ... ..	11,191	10,102	12,930
		35,750	106,832	124,070
9	Widnes M.B. ... ..	5,746	52,186	53,660
	*Huyton-with-Roby U.D. ... ..	3,055	63,089	69,240
	Kirkby U.D. ... ..	4,672	52,088	64,190
	Prescot U.D. ... ..	871	13,079	13,320
	Rainford U.D. ... ..	5,877	5,385	7,020
	Whiston R.D. ... ..	23,786	43,786	76,060
		44,007	229,613	283,490
10	Golborne U.D. ... ..	7,567	21,310	26,820
	Haydock U.D. ... ..	2,395	12,074	12,740
	Newton-le-Willows U.D. ... ..	3,105	21,768	22,430
	Warrington R.D. ... ..	22,350	30,732	44,830
		35,417	85,884	106,820
11	Farnworth M.B. ... ..	1,504	27,502	26,650
	Leigh M.B. ... ..	6,359	46,174	46,280
	Atherton U.D. ... ..	2,265	19,756	20,700
	Blackrod U.D. ... ..	2,392	3,606	4,750
	Horwich U.D. ... ..	3,257	16,078	16,540
	Kearsley U.D. ... ..	1,727	10,296	11,680
	Little Lever U.D. ... ..	807	5,085	6,920
	Turton U.D. ... ..	17,334	13,698	19,430
	Tyldesley U.D. ... ..	5,175	16,813	19,430
	Westhoughton U.D. ... ..	5,560	16,260	17,430
		46,380	175,268	189,810
12	Haslingden M.B. ... ..	8,203	14,360	14,260
	Prestwich M.B. ... ..	2,421	34,209	33,310
	Radcliffe M.B. ... ..	4,957	26,726	28,310
	Rawtenstall M.B. ... ..	9,528	23,890	21,870
	Ramsbottom U.D. ... ..	9,562	13,817	14,730
	Tottington U.D. ... ..	2,542	5,649	6,920
	Whitefield U.D. ... ..	3,391	14,372	20,180
		40,604	133,023	139,580

\* District to the Council of which certain health and welfare functions are delegated.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1968	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1968)	Estimated home, mid-1968
13	Bacup M.B. ... ..	6,121	17,308	16,330
	Heywood M.B. ... ..	8,508	24,090	30,400
	Littleborough U.D. ... ..	7,855	10,552	10,950
	Milnrow U.D. ... ..	5,194	8,129	9,730
	Wardle U.D. ... ..	3,192	4,608	5,000
	Whitworth U.D. ... ..	4,483	7,064	7,630
		35,353	71,751	80,040
14	*Middleton M.B. ... ..	5,172	56,668	57,860
	Chadderton U.D. ... ..	3,014	32,568	31,790
	Crompton U.D. ... ..	2,865	12,708	15,460
	Failsworth U.D. ... ..	1,679	19,819	22,660
	Lees U.D. ... ..	288	3,730	3,690
	Royton U.D. ... ..	2,148	14,474	18,440
		15,166	139,967	149,900
15	Eccles M.B. ... ..	3,417	43,173	40,220
	Swinton and Pendlebury M.B. ... ..	3,362	40,470	40,750
	Worsley U.D. ... ..	7,240	40,393	49,260
		14,019	124,036	130,230
16	*Stretford M.B. ... ..	3,533	60,364	59,480
	Irlam U.D. ... ..	4,717	15,371	19,010
	Urmston U.D. ... ..	4,799	43,068	43,330
		13,049	118,803	121,820
17	Ashton-under-Lyne M.B. ... ..	4,135	50,154	48,280
	Mossley M.B. ... ..	3,661	9,776	9,530
	Audenshaw U.D. ... ..	1,241	12,122	11,830
	Denton U.D. ... ..	2,593	31,089	38,010
	Droylsden U.D. ... ..	1,245	25,461	25,380
		12,875	128,602	133,030

\* District to the Council of which certain health and welfare functions are delegated.

The various health and welfare services, the day-to-day administration of which devolves upon Divisional Health Committees and the four District Councils to whom certain duties have been delegated, have continued to function satisfactorily. Whilst particulars of the work accomplished relative to the various services is given in some detail in the pages which follow, it is of interest to record here some of the comments of divisional medical officers and medical officers of health of delegate authorities on various aspects of the services during 1968.

*Health Division No. 2.*—The health services provided in this division are undoubtedly well above the normal level. There are no staff vacancies and no difficulty is normally found in recruiting professional and administrative officers of the highest calibre. However, expansion of some services is required as, in health and welfare, it is not possible to stand still—the effect of trying would mean regression.

During the year experimental attachment of social welfare and mental welfare officers to general practices proved highly successful, and an increase in establishment will be requested to extend this throughout the area.

Having a full complement of assistant medical officers, it has been practicable to reorganise the Observation Registers, and offer a child development service, when it is hoped to see every baby regularly during its first two years of life.

A screening clinic for the elderly made an encouraging start, and this could well be an important field for preventive and social medicine, particularly in this area so popular for retirement.

*Health Division No. 4.*—Despite staff shortages from time to time in various services during the year it is considered that on the whole a satisfactory result was achieved. The appointment of



part-time clinic nurses has considerably relieved the position in the health visiting service. There has been a steady development of the G.P. attachment scheme and it is proving beneficial to both general practitioners and divisional staffs.

*Health Division No. 6.*—Probably the most significant development of the services during 1968 was the opening of a new hostel and training centre for the adult subnormal at Padiham. The Division is very well served in this respect and all demands can now be met. Another opening was that of the first combined library and mini-clinic at Pike Hill and this would appear to be an excellent answer to the difficult problem of serving the more rural communities. Welfare services were under considerable pressure and it has not been possible to satisfy the demands for hostel accommodation for the aged. For this reason it has been difficult to assist the geriatric department of the hospital service to the extent that would be otherwise possible. The opening of the two new homes planned for the Division is eagerly awaited.

*Health Division No. 8.*—During the year the services administered by the Division have continued to work efficiently although staff shortages have hindered the expansion of some services.

*Health Division No. 11.*—The year's vital statistics indicate a reasonably satisfactory state for an urbanised area such as this. Difficulties in the recruitment of assistant divisional medical officers and health visitors persisted. The standard of services to the public was maintained.

*Health Division No. 14.*—The general standard and availability of local authority services in the Division compares favourably with that in adjacent areas, save in regard to (then) limited residential accommodation for elderly.

*Health Division No. 15.*—The services have operated well throughout the Division during the year.

*Health Division No. 17.*—Services continued to function satisfactorily though there was still a shortage of staff in some sections. The mental health section staff position was eased with the recruitment of a mental welfare officer and trainee, and with the return to duty of one of the existing mental welfare officers who had been seconded to a training course.

There was some shortage of midwives though the position had improved by the end of the year.

*Middleton M.B.*—The general standard of health services available to Middleton residents is at least comparable with that in adjacent districts. So far as local authority services go, the principal needs are improved recruitment of medical and health visiting staff, also provision of a local authority day nursery. The waiting list for residential accommodation for the elderly is now more realistic.

**CONTROL, SUPERVISION AND CO-ORDINATION OF SERVICES.**—The County Medical Officer of Health and Principal School Medical Officer is responsible for the control, supervision and co-ordination of the various services provided by the local health authority and acting under his direction the divisional medical officers, who are also school medical officers, are responsible on behalf of the divisional committees for the staffs on the divisional establishments and for the day-to-day control and supervision of the various services provided. The services of the supervisory officers of the midwifery, district nursing, health visiting and ambulance services on the central office staff of the County Medical Officer of Health are available to divisional medical officers as required.

In the districts to the councils of which certain health and welfare functions have been delegated, the medical officer of health is responsible, through the Council's Health Committee, for the control and supervision of the several services but, as in each case the medical officer of health and the divisional medical officer are one and the same person and as the delegate authority is required to conform to the policies of the local authority, continuity of co-ordination is ensured.

One of the duties required of a divisional medical officer is that he shall undertake the duties of medical officer of health for the County districts within his division, where he may be so appointed. This provision has, in fact, done much to assist County districts in meeting the requirements of the Local Government Act, 1933, regarding the appointment of medical officers of health not engaged in private practice as medical practitioners and of affording complete co-ordination of the medical services of the County Council and the public health work of the district councils. Up to the 31st December, 1968 no fewer than 102 districts had as medical officer of health the divisional medical officer of the health division in which the district is situate. In addition, two districts had an assistant divisional medical officer who, having been appointed in the capacity of medical officer of health prior to the inception of the Divisional Health Administration Scheme, has been allowed to continue as such until such time as the district councils themselves desire the appointment of the divisional medical officer. In another district a retired assistant divisional medical officer was employed as local medical officer of health. In the remaining three County districts, the duties of medical officer of health were, at the 31st December, 1968, still being undertaken by medical practitioners engaged in private practice.

**CO-ORDINATION AND CO-OPERATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE.**—The structure of the National Health Service with responsibilities shared by separate administrative bodies renders it essential that there should be effective arrangements for securing integration. In Lancashire there exists a wide variety of liaison arrangements between the local health authority and the other statutory and voluntary bodies. Many of these arrangements are, of course, the result of the implementation of statutory requirements or approved schemes of administration, but the less formal meetings which take place from time to time as occasion demands between representatives of the several bodies are also useful and the meetings and contacts at



officer level are undoubtedly of great value. In this connection, the Lancashire system of divisionalisation of the local health authority's services has facilitated liaison at local level by making it possible for officers of the local health authority to meet and to work in close touch with their opposite numbers in the hospital and domiciliary services. The aim of the local health authority is to strengthen this desirable liaison with advantage to all concerned.

In general, a good and effective liaison exists between the local health authority staffs and the different departments of the various hospitals throughout the area. In particular, a very high degree of co-operation is called for in connection with the problems associated with chronic sick and geriatric cases by reason of the great pressure on hospital beds on the one hand and the inability of the local health authority to keep pace with the demand for places in homes for the aged and infirm on the other. In the field of mental health, too, liaison is gradually being strengthened, with greater co-ordination of effort between the hospital psychiatric staffs and the mental health staffs of the local health authority.

Whilst the pattern of co-operation with general practitioner services has developed more slowly and perhaps less uniformly than that with the hospital services, evidence continues to grow of increasing use of the assistance made available to general practitioners and their patients by the local health authority. The extension of arrangements allying health visitors and district nursing sisters to individual or group practices has continued, and the scope of such attachments has been carried a stage further with an experimental secondment of a social welfare officer and a mental welfare officer to two general practice groups. Progress has again been made with regard to the proposed establishment of group practice centres in premises adjacent to County Council clinics or child health centres, further reference to which is made below.

Much good work is done in the County area in connection with welfare matters, particularly as regards the care of the aged and infirm, by various voluntary bodies such as Old People's Welfare Committees, the Inskip League of Friendship, Tuberculosis Care Committees, Social Service Councils, Personal Services Committees, etc. Every effort is made by the local health authority to work in close conjunction with these bodies and to co-ordinate their efforts with the statutory services and facilities provided.

**Development of Local Authority Health and Welfare Services.**—In 1962 the then Ministry of Health requested local health authorities to review their health and welfare services and to draw up a plan for developing them over the succeeding ten years. These plans were summarised in a Command Paper (No. 1973) entitled "Health and Welfare: the Development of Community Care" which was published by the Ministry in April, 1963.

Originally it was the intention of the Minister of Health that these ten-year programmes should be revised annually and on each occasion taken a year further forward, thus always covering the decade immediately ahead. Such a revision was accordingly called for in 1963, but in 1964 the Minister deferred the requirement to submit the results of any further reviews undertaken by authorities until 1965.

Since the review of 1965, no further revised ten-year plans have been called for, but for the purpose of programming individual capital projects and preparing three year lists of projects for which it is hoped to be able to recommend loan sanction, detailed returns were, as in 1967, requested giving particulars of all projects for which the authority's plans (including the selection and acquisition of sites) were sufficiently well advanced to lead them to expect to seek loan sanction (or to finance out of revenue or special capital funds) during the three years 1969/70, 1970/71 and 1971/72.

The returns submitted to the Minister in September, 1968 related to 27 projects for 1969/70, 34 for 1970/71 and 42 for 1971/72 involving capital expenditure of £1,338,949, £1,636,400 and £2,207,122 respectively.

### HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, permits local health authorities to set up health centres at which facilities for medical, dental, pharmaceutical, etc., services can be made available along with local authority health services.

Prior to the receipt of circular 7/67 issued by the then Ministry of Health, the County Council had a limited building programme of group practice centres to be linked to school clinics, and during 1968 work started at centres in Halewood, Kirkham, Penketh, Skelmersdale (Digmoor) and Thornton Cleveleys. Following receipt of the circular the Lancashire Executive Council were approached about health centre provision in areas where the County Council already intended to provide a new school clinic or child health centre and in a number of these districts it is now the intention to provide a health centre instead of a clinic. There has also been a considerable upsurge of interest amongst general practitioners on the concept of practice from health centre premises, and as a result the County Council has embarked on an extensive capital programme. Projects for the following areas are included in this:—

Ashton-in-Makerfield  
Bacup  
Brierfield  
Chadderton  
Crompton  
Denton (Haughton Green)

Eccles  
Failsworth  
Halewood (Whiston R.D.)  
Haslingden  
Haydock  
Irlam



Kirkby—Tower Hill	Prestwich
Knowsley—Cantril Farm (Whiston R.D.)	Radcliffe
Leigh	Ramsbottom
Little Hulton (Worsley U.D.)	Skelmersdale & Holland New Town
Longton (Preston R.D.)	Whitefield
Milnrow	Widnes—Upton
Morecambe	Walkden (Worsley U.D.)

Much progress has been made since the original group practice centres were designed, and wherever possible it is now the policy of the County Council to provide fully integrated health centres which will permit the widest possible co-operation between the local authority and general practitioner services. Nevertheless it is still necessary in areas where a modern clinic exists to provide accommodation for the general practitioners by way of an extension to the clinic.

Although the initial high demand for health centres appears to have passed, enquiries from general practitioners are still being received, and it appears there will continue to be a future demand, not only for new and developing areas, but for areas where well established practitioners retire and are replaced by younger doctors who favour the concept of health centre practice. At the end of the year there was a known demand for 30 health centres, apart from those already being erected, and as a result of this there is little prospect of centres being erected in other areas for some five years, unless special circumstances warrant the inclusion of a project at an earlier date.

### CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children provide for the expectant and nursing mother, and for her child until it reaches school age, facilities which include child health centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants and unmarried mothers and their children, and day nurseries. The service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive advice and care for herself and her child as well as help in the home during and after her confinement. The conduct of all these services within the framework of County Council policy is delegated, for their respective areas, to the councils of four County districts—Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.

**Antenatal and Post-natal Care.**—The following statement gives particulars of attendances, etc., at the County Council antenatal and post-natal clinics for each of the last five years.

Year	No. of clinics at end of year	No. of half-day sessions	Antenatal attendances				No. of post-natal attendances
			No. of women attending	No. of attendances	Average attendances per session	Average attendances per individual	
1964	95	5,154 (37)	19,808	87,731	17.1	4.4	2,227 (411)
1965	95	5,303 (38)	18,934	83,431	15.8	4.4	2,347 (530)
1966	95	5,306 (30)	18,527	82,520	15.6	4.5	2,234 (448)
1967	97	5,275 (15)	16,480	72,645	13.8	4.4	1,607 (96)
1968	90	5,112 (11)	14,931	64,237	12.6	4.3	1,218 (42)

*Note :* Particulars of special post-natal sessions are included and also given separately in brackets.

Of the 90 clinics in operation at the end of the year, 44 had the services of a hospital consultant obstetrician in addition to County Council staff. The consultants conducted 1,384 of the 5,112 sessions held during the year (including the 11 post-natal sessions), 1,480 were conducted by County Council medical officers, 1,981 by County Council midwives and 267 by general practitioners employed on a sessional basis.

Table 7, page 156, gives attendance particulars relating to the ante-natal and post-natal clinics in the respective health divisions and delegate districts during 1968.

County patients in Health Division No. 9 attended antenatal and post-natal clinics of St. Helens C.B., payment being made according to the number of cases and attendances. During the year 14 expectant mothers made 59 attendances and in addition five post-natal attendances were recorded.

**Relaxation, Exercise and Mothercraft Classes.**—At 24 of the classes organised at County Council clinics the instruction in relaxation and exercises is given by qualified physiotherapists whilst at 54 other classes this work is carried out by County Council midwives and health visitors most of whom have attended a course on natural childbirth. Such courses are arranged by the County Council, the tutor in charge being a qualified physiotherapist with much practical experience in this work.



The classes for the mothers are divided into three periods, *viz.*, (1) exercises, (2) relaxation and (3) demonstrations and discussions. Each period occupies about 15 minutes so that, taking into account the time necessary for preparation, an expectant mother spends approximately one hour at each session. The demonstrations and discussions include—

- (a) instruction in use of analgesic apparatus;
- (b) flannelgraphs to illustrate talks on labour and pelvic anatomy;
- (c) talks on bathing and feeding of baby;
- (d) display of baby clothes and patterns;
- (e) talks on hygiene of pregnancy, etc.

This teaching is carried out by health visitors and midwives.

Details of attendances, etc., during 1968 in each health division and delegate district are given in Table 7, on page 156, and set forth below are the totals for the County area for each year 1964 to 1968:—

Year	No. of classes at end of year	No. of sessions	No. of women attending	No. of attendances
1964	62	2,464	4,812	26,620
1965	70	2,798	5,272	25,170
1966	72	3,086	4,789	25,221
1967	79	3,311	5,019	26,145
1968	78	3,474	5,239	27,107

The value of these classes was emphasised in the memorandum on antenatal care related to toxæmia which was issued by the then Ministry of Health in May, 1956, and it is generally agreed that the local health authority antenatal clinics are more suitable for this type of work than the busy hospital out-patient clinic. Patients who attend hospital out-patient departments or general practitioners' surgeries for their antenatal care are therefore welcome at the classes. This attitude was endorsed in the Cranbrook Report, which recommended that health education and mothercraft instruction should be available for all expectant mothers. There is still scope for further development of this aspect of antenatal care.

**Child Health Centres.**—The number of child health centres to which mothers may bring their babies and toddlers regularly for supervision continues to increase. The administration of the centres has continued on the same lines as in previous years and at the end of 1968 there were 285 centres in operation. Of these the following were opened during the year on the dates shown:—

Health Division No.	Centre	Date opened
4 ...	Hoole Village Memorial Hall, Liverpool Old Road, Much Hoole ... ..	10th January
4 ...	Aighton, Bailey and Chaigley Memorial Hall, Hurst Green	25th April
5 ...	3 Birtwistle Terrace, Langho ... ..	27th November
7 ...	County Council Clinic, Birleywood, Digmoor, Skelmersdale ... ..	20th February
9 ...	County Council Clinic, Cantril Farm Estate, 184/186, Roundhey, Knowsley ... ..	29th April
9 ...	County Council Clinic, Tower Hill, Kirkby ... ..	30th June
11 ...	Prestolee County Primary School, Stoneclough, Kearsley	19th July
12 ...	Greenmount Cricket Club, Greenmount ... ..	29th August

The following centres were closed during the year on the dates shown:—

Health Division No.	Centre	Date closed
3 ...	Clifton School, Mill Lane, Salwick ... ..	19th June
9 ...	St. Andrew's Church Hall Portway, Hunts Cross, Halewood	30th September
11 ...	Boundary Street, Leigh ... ..	19th December

Of the centres available at the end of the previous year, the following were transferred during 1968 to alternative premises:—

Health Division No.	Premises
2 ...	Congregational Hall, High Road, Halton (closed 17th April)
6 ...	County Council Clinic, Pennystone Road, Halton (opened 1st May, Methodist School, Ormerod Street, Worsthorne (closed 30th September)
7 ...	County Council Clinic, Pike Hill, Worsthorne (opened 1st October)
9 ...	Council Offices, Hall Green, Skelmersdale and Holland (closed 14th October)
11 ...	Hall Green, Skelmersdale and Holland (opened 21st October)
15 ...	Parish Church Hall, Christ Church, Eccleston (closed 13th November)
	Old People's Centre, Lester Road, Eccleston (opened 21st November)
	County Council Clinic, Stone House, St. Helens Road, Leigh (closed 1st October)
	County Council Clinic, College Street, Leigh (opened 8th October)
	Moorside Old School, Moorside Road, Swinton (closed 28th November)
	Worsley Community Centre, Wardley (opened 2nd December)

The following statement gives details of attendances of children at child health centres during each year from 1964 to 1968 and Table 8 on page 157 gives similar information for 1968 for each health division and delegate district.

	1964	1965	1966	1967	1968
No. of centres at end of year ... ..	267	272	276	280	285
No. of half-day sessions ... ..	15,313	15,624	15,758	16,061	16,478
No. of children who attended (age at end of year)—					
Under 1 ... ..	34,223	34,248	34,586	33,483	34,498
1— ... ..	28,888	30,638	30,455	30,509	30,917
2-4 (inclusive) ... ..	26,424	30,382	30,935	30,119	32,743
TOTAL ... ..	89,535	95,268	95,976	94,111	98,158
No. of attendances at ages (in years)—					
Under 1 ... ..	542,108	540,196	508,728	503,971	485,557
1— ... ..	105,916	116,548	113,160	108,115	111,055
2-4 (inclusive) ... ..	88,223	96,347	91,062	89,027	89,068
TOTAL ... ..	736,247	753,091	712,950	701,113	685,680
Average attendances per session ... ..	48	48	45	44	42

County Council medical officers conducted 11,705 of the 16,478 sessions held during the year under report, 4,446 were conducted by health visitors, 54 by hospital medical staff and the remaining 273 by general practitioners employed on a sessional basis. Of the 98,158 children who attended 2,435 were referred, as a result of medical examination, either to a general practitioner or direct to a specialist for diagnosis and/or treatment. This total does not include children found to have some minor condition whose mothers are advised that this warrants a visit to the family doctor.

The percentage of children, in age groups, who took advantage of the facilities at child health centres is shown in the following statement:—

	Under 1 year	1-4 years inclusive
1964 ... ..	83·3	34·3
1965 ... ..	81·7	36·5
1966 ... ..	83·7	35·8
1967 ... ..	80·3	35·0
1968 ... ..	84·8	36·4

The proportion of infants under one year of age recorded for 1968 was the highest attendance ratio of the post-war period. That for the older group was only slightly below the high record of 1965.

Great importance continues to be attached to the educational work of the centres and group discussions, films, film strips, posters, etc., are used widely in this work.

In addition to the facilities provided by the County Council, arrangements exist whereby County children from the surrounding districts may attend at centres administered by St. Helens County Borough Council, a payment per attendance being made by the County Council to the Corporation. The following table gives details of the attendances of County children at the St. Helens centres used during the period 1964 to 1968:—



Year	No. of children who attended (age at end of year)			No. of attendances by children at ages (in years)		
	Under 1	1—	2—4 (inclusive)	Under 1	1—	2—4 (inclusive)
1964	53	28	27	624	90	26
1965	77	22	24	597	80	47
1966	35	31	33	510	89	21
1967	32	36	37	468	56	45
1968	50	44	34	562	73	42

Generally speaking, the facilities provided for child health work in the Administrative County in so far as centres are concerned are fairly adequate, but alternative accommodation is required in some districts and arrangements are in hand for the opening of additional centres.

The most satisfactory premises are the permanent centres, particularly those which are purpose built. The needs of the child health service, however, are such that many more child health centres than other types of clinic are required and use must be made of rented premises such as Sunday schools, village halls, etc., in fact, well over half the child health centres throughout the County are held in premises of this type. Much good work is done, however, in these centres although the premises are sometimes far from ideal.

In June, 1963, the Health Committee approved in principle the building of mini-clinics jointly with libraries to serve small village populations. Two of these clinics were opened during 1968 at Halton and Worsthorpe.

**The Sheldon Report.**—Brief reference was made last year to the Report on the Medical Functions and Medical Staffing of Child Welfare Centres (The Sheldon Report).

In October, 1968, the Ministry of Health issued Circular 34/68 referring to the Report and drawing various recommendations to the attention of local health authorities. Among these are that the Child Welfare Service should be known in future as the Child Health Service. There are various recommendations about the organisation of the child health service and the provision of health education. The Report also emphasises that early detection of physical, mental and emotional defects is a major function of a modern preventive service for the child.

**DEVELOPMENTAL PAEDIATRICS.**—The importance of developmental assessments of young children by the medical staff of child health centres was emphasised in the Sheldon Report and these are being carried out increasingly by the County Council's medical officers as part of the child health service.

It is hoped that eventually one medical officer from each health division will attend a special six weeks course in Developmental Paediatrics which is organised each year by the Society of Medical Officers of Health. By the end of 1968, six medical officers had attended these courses. It is hoped that the extra expertise acquired by these doctors will be placed at the disposal of the other doctors in the child health service in the division and also be of benefit in examination of babies for adoption.

**Incidence of Congenital Malformations.**—At the request of the then Ministry of Health arrangements were made to supply the Registrar General with details of infants in whom congenital defects are observed at birth. No central record of individual cases is maintained. The object of the scheme is to compile statistical information, some of which will be published regularly in the Registrar General's returns, from which it should be possible to detect any national or regional changes in the pattern.

The scheme commenced on the 1st January, 1964, and the statement below shows the number of children born with a malformation or malformations during 1968 together with comparative figures for the four previous years.

Year	Total births (live and still)	No. of infants with malformations	No. of malformations	Rate per 1,000 total births	
				Infants with malformations	Malformations
1964 ... ..	43,766	773	899	17·7	20·5
1965 ... ..	42,856	703	847	16·4	19·8
1966 ... ..	42,891	717	868	16·7	20·2
1967 ... ..	42,540	651	824	15·3	19·4
1968 ... ..	42,815	655	777	15·3	18·1

The incidence of abnormalities varies considerably from one health division to another and would appear to be due to under reporting in some hospitals.

**Detection of Deafness in Young Children.**—It is recognised that most deaf children possess some residual hearing and the modern aim is to fit such children with hearing aids, and to give them training as soon as possible so that they may learn to speak in a manner similar to that of a normal child.

The County Council therefore agreed in 1955 to the establishment of a special clinic at Fulwood for the diagnosis of deafness in young children, and also to the training of health visitors to carry out screening tests to confirm that young children have normal hearing.

**AUDIOLOGY CLINIC.**—The clinic was opened in January, 1956, to serve mainly the children in the northern part of the County, children in the south of the County being served by the clinic at Manchester University and the Hearing Assessment Clinic, Crown Street, Liverpool.

The medical officer in charge is Dr. Jean Robson and four health visitors are in attendance. Three of the peripatetic teachers of the deaf employed in the school health service are also attached to the clinic and undertake home training of the older children.

The diagnostic clinic is staffed by the medical officer and health visitors and the guidance clinic by the health visitors.

Dr. Jean Robson reports:—

“During 1968 the testing and guidance of pre-school children has continued at Fulwood Audiology Clinic.

There has been a gradual decrease in the age at which children are referred to the clinic for testing, and, it is reassuring to find that an increasing number of cases of relatively slight partial hearing loss are brought to light by the screening tests of hearing, indicating that there is an improvement in screening techniques.

After deafness has been diagnosed, all children are referred to the Consultant Ear, Nose and Throat Surgeon for the area in which they live, so that any possible medical or surgical treatment can be carried out. In cases of exudative otitis media, the insertion of Grommet tubes after myringotomy in an increasing number of cases has prevented recurrence of this condition.

In cases where no medical or surgical treatment is possible, or where some residual perceptive deafness is present after treatment, the parents and the pre-school child are given guidance at home at weekly or fortnightly intervals by a member of the clinic staff. At the end of 1968 forty-seven children and their parents were receiving guidance at home and seven at the clinic.

The aims of guidance are:—

(1) to show the parents how to encourage the deaf and partially hearing pre-school child to listen and watch for speech throughout the day in routine situations of bathing, dressing and feeding and constructive play and domestic routine.

(2) to show the parents how to give the deaf child as much experience of sound as possible and to teach him the association between a sound and its source, so that his interest in sound is stimulated, and he actively uses his residual hearing.

(3) to introduce the hearing aid and to keep a constant check on the fitting of the moulds and the efficiency of the hearing aid.

(4) to train the parents to use the Speech Training Unit which amplifies sound to a greater intensity than the individual hearing aid and gives greater clarity of reproduction.

(5) to help to sort out the emotional problems which frequently arise when parents discover that they have a deaf or partially hearing child.

(6) where the pre-school child is attending a nursery school or day nursery for part of the day, to visit the nursery school to show the staff how to help the deaf or partially hearing child.

Since August, 1968, it has been very helpful to have Mr. B. Fisher working as a member of the team in the Audiology Clinic in his capacity as Educational Psychologist. Mr. Fisher is the Organiser of the Services for Children with Impaired Hearing in Lancashire and now, in addition to his wide knowledge of deaf and partially hearing children, he has this additional qualification in Educational Psychology”.

The work of the clinic during 1968 and the preceding four years is summarised below:—

*Sessions and Attendances*

Year	Diagnostic			Guidance		
	No. of sessions	No. of attendances		No. of sessions	No. of attendances	
		Total	Average		Total	Average
1964	167	610	3.7	71	126	1.8
1965	192	706	3.7	77	128	1.7
1966	220	803	3.7	62	129	2.1
1967	217	813	3.7	73	128	1.8
1968	223	841	3.7	50	86	1.7

*Note.*—The maximum number of children who can be dealt with at one session is five.



(a)	No. of individual children attending :—							
	(i)	Old cases	...	...	...	...	...	262
	(ii)	New cases	...	...	...	...	...	290
(b)	New cases :—							
	(i)	Deafness confirmed	...	...	...	...	...	167
	(ii)	Under investigation at end of year	...	...	...	...	...	11
	(iii)	Found to have normal hearing after adequate investigation	...	...	...	...	...	112
Total								290
(c)	No. in (a) (ii) who were mentally retarded							18
(d)	No. in (b) (i) who were mentally retarded							7
(e)	No. in (b) (iii) who were mentally retarded							11

*Individual Children Attending—New Cases*

	Age (in years) at date of first attendance																				Total	
	0—		1—		2—		3—		4—		5—		6—		7—		8—		9—		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total attending	26	24	33	17	41	18	46	18	26	17	7	6	2	3	2	1	—	—	2	1	185	105
Deafness confirmed	11	16	16	10	18	6	25	15	17	16	5	2	1	3	2	1	—	—	1	2	96	71

*Results of Tests on the 167 Deaf Children*

(a) No. who had some hearing over the whole range of speech frequencies	...	...	...	...	...	...	161
(b) No. who possessed merely an island of hearing	...	...					6
(c) No. who did not respond to any sound stimuli	...	...					—
						Total	167

Of those in group (a) above :—

No. whose hearing loss was more marked in the higher frequencies	...	...	...	...	...	...	20
No. whose hearing loss was more marked in the lower frequencies	...	...	...	...	...	...	65

*Vulnerable Groups.*—Dr. Jean Robson reports that of the 167 children diagnosed as deaf amongst the new cases attending during the year, 159 fell into vulnerable groups aetiologically. Some fell into more than one group but each child has been assigned to one group only according to the aetiological factor which is considered to be the most important. The distribution in the various groups is as follows:—

Group			
1	...	Children with cerebral palsy	—
2	...	Children with a family history of congenital deafness	2
3	...	Children who were premature	6
4	...	Children with a history of abnormality in the antenatal period	5
5	...	Children with a history of perinatal abnormality	11
6	...	Children who have had a severe illness or have been treated with streptomycin for any illness	5
7	...	Children who are not speaking well by the age of two years and children aged 2-5 years with speech defects	23
8	...	Children with a history of otitis media and/or chronic upper respiratory tract infection	82
9	...	Children who are not included in any of the above categories but who have some congenital abnormalities	7
10	...	Mother suspects the child is deaf	18
Total			159

**SCREENING TESTS OF HEARING.**—Health visitors need special training to carry out screening tests of hearing and an effort is made to train all the health visitors to carry out simple distracting tests suitable for children aged 6–16 months. Through the co-operation of Professor Ian G. Taylor and his staff at Manchester University practically all the health visitors on the staff at the end of 1968 have now been trained.

An endeavour is still being made to test all babies at the age of approximately 9–12 months by these simple tests, the babies in the “at risk” or vulnerable groups being recorded separately. From September, 1963, an additional group was added to the special groups, i.e., “Mothers suspects that the child is deaf,” in order to bring the groups into line with those defined by Dr. Mary Sheridan in the monthly Bulletin of the Ministry of Health, December, 1962.

*Screening Tests, 1968*

	No. of children tested (1)	No. failing screening tests (2)	Failure rate per 1,000 children tested (3)	No. of children in col. (2)—			
				Diagnosed as deaf (4)	Diagnosed as not deaf (5)	Still under consideration (6)	Moved to other areas (7)
In vulnerable groups ...	5,466	66	12·0	27	16	22	1
Not in vulnerable groups	13,254	28	2·1	2	16	10	—

*Screening Test Failure Rates, 1963–68*

Year	Children in vulnerable groups			Children not in vulnerable groups		
	No. of children—		Failure rate per 1,000 children tested	No. of children—		Failure rate per 1,000 children tested
	Tested	Failing test		Tested	Failing test	
1963	5,243	74	14·1	3,162	12	3·8
1964	6,387	106	16·6	7,868	30	3·8
1965	6,329	82	13·0	9,489	37	3·9
1966	6,613	78	11·8	11,440	38	3·3
1967	6,254	69	11·0	12,806	37	2·9
1968	5,466	66	12·0	13,254	28	2·1

*Screening Test Failures by Vulnerable Group, 1968*

Group	No. of children				
	Failing screening tests	Diagnosed as deaf	Diagnosed as not deaf	Still under consideration	Moved to other areas
1. Children with cerebral palsy ...	—	—	—	—	—
2. Children with a family history of congenital deafness ...	3	—	1	2	—
3. Children who were premature ...	14	3	6	5	—
4. Children with a history of abnormality in the antenatal period ...	5	—	2	3	—
5. Children with a history of perinatal abnormality ...	7	2	2	2	1
6. Children who have had a severe illness or have been treated with streptomycin for any illness ...	—	—	—	—	—
7. Children who are not speaking well by the age of two years and children aged 2·5 years with speech defects...	1	1	—	—	—
8. Children with a history of otitis media and/or chronic upper respiratory tract infection ...	17	14	1	2	—
9. Children who are not included in any of the above categories but who have some congenital abnormality ...	5	4	1	—	—
10. Mother suspects that child is deaf ...	14	3	3	8	—
TOTAL ...	66	27	16	22	1



*Screening Tests Failures by Age Group, 1968*  
(i) *Children in vulnerable groups*

Age (in years) at date of test	No. of children tested	No. failing screening tests	No. diagnosed as deaf	No. diagnosed as not deaf	No. still under consideration	No. moved to other areas
0-	4,413	34	13	10	10	1
1-	921	15	7	4	4	—
2-	77	4	1	—	3	—
3-	34	4	2	1	1	—
4 and over	21	9	4	1	4	—
<b>TOTAL</b>	5,466	66	27	16	22	1

(ii) *Children not in vulnerable groups*

Age (in years) at date of test	No. of children tested	No. failing screening tests	No. diagnosed as deaf	No. diagnosed as not deaf	No. still under consideration	No. moved to other areas
0-	10,651	14	1	9	4	—
1-	2,340	14	1	7	6	—
2-	177	—	—	—	—	—
3-	57	—	—	—	—	—
4 and over	29	—	—	—	—	—
TOTAL	13,254	28	2	16	10	—

Consolidated figures for 14 years are now available and these are shown in the following table :—

	No. of children tested	No. failing screening tests	Failure rate per 1,000 children tested	No. of children in col. (2) diagnosed as deaf	Rate of deafness per 1,000 children tested	No. of children still under consideration	No. of children who have moved to other areas	No. of children who died before being diagnosed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
General population tested, 1955, 1956 and 1st January—31st March, 1957 ...	5,531	31	5.6	17	3.1	—	—	—
Vulnerable groups tested, 1st April, 1957—31st December, 1968 ... ..	43,105	572	13.3	220	5.1	46	10	3
Others tested, 1st April, 1957—31st December, 1968 ... ..	63,784	200	3.1	*27	0.4	14	2	—

\* Seven of these children were suspected of deafness by parents or day nursery matron.

*Vulnerable Groups.*—The 17 deaf children diagnosed from screening tests of the general population from 1st January, 1955, to the 31st March, 1957, and the 220 deaf children picked out from the vulnerable groups between the 1st April, 1957, and the 31st December, 1968, respectively fell into vulnerable groups as follows:—

Group									
1	...	Children with cerebral palsy	...	...	...	...	1	...	—
2		Children with a family history of congenital deafness					1	...	21
3	...	Children who were premature	...	...	...	...	4	...	34
4	...	Children with a history of abnormality in the antenatal period	...	...	...	...	1	...	13
5	...	Children with a history of perinatal abnormality	...				1	...	11
6	...	Children who have had a severe illness or have been treated with streptomycin for any illness	...	...			—	...	9
7	...	Children who are not speaking well by the age of two years and children aged 2-5 years with speech defects	...				6	...	34
8	...	Children with a history of otitis media and/or chronic upper respiratory tract infection	...	...	...		2	...	64
9	...	Children who are not included in any of the above categories but who have some congenital abnormality					1	...	13
10	...	Mother suspects that child is deaf	...	...	...		—	...	21
							Total	17	220

**Dental Care of Mothers and Young Children.**—The following table compares the dental treatment recorded under section 22 of the National Health Service Act, in 1968, with that carried out in the previous year:—

	1967		1968	
	Pre-school children	Expectant and nursing mothers	Pre-school children	Expectant and nursing mothers
No. of first inspections ... ..	3,597	2,098	4,599	1,585
First treatment visits ... ..	3,316	1,745	3,801	1,477
Subsequent treatment visits ... ..	2,790	3,460	3,573	3,138
Total treatment attendances ... ..	6,106	5,205	7,374	4,615
Fillings ... ..	3,465	2,491	4,301	2,436
Extractions ... ..	3,765	2,598	5,229	2,645
General anaesthetics ... ..	1,880	464	2,527	441
Other operations ... ..	1,384	872	1,532	876
Dentures—				
Patients supplied for first time with—				
Full upper and/or full lower or full with partial ... ..	—	159	—	125
Partial only ... ..	—	188	—	147
Total dentures (including replacement) ...	—	469	—	431

From the above comparative table it will be seen that the pattern of previous years has been maintained, though the rise in attendances by pre-school children for dental treatment now more than compensates for the losses relative to expectant and nursing mothers. Attendances at the dental clinics made by patients under section 22 rose by some six per cent. in 1968 over the previous year, and some 6·8 per cent. of all treatment visits at school dental clinics were made by patients in this category.

The conservation of teeth by filling continues to gain ground slowly but there is still the unhappy need to extract teeth for the relief of pain and sepsis and these numbers also increased in 1968.

It has been said before that a steady increase in the numbers of parents and children seeking regular dental care has become a feature of this era but, despite this and the intensity of dental health education coupled with the efforts of both dental and medical staff, there seems little doubt that the major cause of dental decay in the pre-school child is still dietary in origin. No amount of dental treatment will be of any avail whilst its effect is counteracted by sugar-soaked dummies, adhesive sweets and soft cariogenic foods. Too often the lessons come too late and destructive influences have been too long at work before the patient seeks advice, leaving no alternative but extraction. It must be realised that dental health propaganda alone can not at this stage be expected to yield results on the scale needed to cope with this problem. Dental health education will, and does, promote the idea of the importance of a healthy mouth; it can show the way to achieve this, but what it can not do is reach those vast numbers of mothers and children who do not come within its sphere of influence or who, for many reasons, fail to accept its precepts. For those some other acceptable means must be found of applying our knowledge to eliminate this persistent affliction of childhood. A substantial contribution could be made by the fluoridation of drinking water supplies and an investigation is also being made within the County into the possibility of controlling dental caries to some extent at least by mouthwashes containing fluoride.

**Special Clinics, etc.**—Further facilities in relation to the welfare of pre-school children are provided at the various school clinics. The following statement shows the types of conditions for which pre-school children were examined and/or treated at these clinics during each of the past five years and the number of attendances made for the purpose:—

Type of session			No. of attendances				
			1964	1965	1966	1967	1968
Minor ailment ... ..	...	...	2,900	2,332	2,630	2,306	2,694
Ophthalmic ... ..	...	...	4,037	3,631	3,929	3,995	4,089
Ear, nose and throat ... ..	...	...	94	81	74	196	110
Orthopaedic ... ..	...	...	6,518	6,269	5,589	5,733	6,650
Ultra-violet light ... ..	...	...	2,317	2,213	1,937	1,475	1,156
Speech therapy ... ..	...	...	976	1,116	1,024	1,193	2,026
Orthoptic ... ..	...	...	1,407	1,380	1,191	1,097	1,264
Chiroprody ... ..	...	...	263	204	343	252	271
TOTAL ... ..	...	...	18,512	17,226	16,717	16,247	18,260

**Family Planning Clinics.**—In February, 1966, the then Minister of Health issued circular 5/66 urging local health authorities to take all possible steps to ensure the present and future development of family planning services which he regarded as an essential aspect of family welfare.

For many years the County Council have made case payments to the Family Planning Association for women referred to their clinics by the County Council's medical staff where pregnancy was likely to be detrimental to health. On receipt of the Minister's circular the County Health Committee agreed also to meet the cost of drugs and appliances provided by the Family Planning Association for such cases. They also agreed that County clinics could be used by the Family Planning Association free of charge; previously a nominal rent per session had been charged.



In general the County Council considers the needs of the women concerned are being met, so far as clinic services are concerned, by the Family Planning Association but in Stretford and adjacent areas where no such clinic is provided they agreed in January, 1967, to set up their own clinic for cases needing advice on health grounds. A clinic was opened in Stretford in November, 1967.

The County Health Committee agreed in March, 1967, that grants could be made to the Family Planning Association for cases referred to their clinics on medical grounds by general medical practitioners, in addition to cases referred by the County Council's medical staff.

A further circular, 15/67, was issued by the Minister drawing attention to the National Health Service (Family Planning) Act, 1967, which extends the existing powers of local health authorities in order to enable them to provide (or arrange for other bodies to provide) advice on contraception and supplies for any persons who need them on social grounds and not (as hitherto) only in medical cases.

In January, 1968, the County Health Committee decided that in view of the economic situation no expansion of the service beyond the limits already agreed by them should be permitted.

The number of cases referred on medical grounds to family planning clinics during each of the last five years is given in the following analysis by health divisions and delegate districts:—

Health Division No.	No. of cases referred during—				
	1964	1965	1966	1967	1968
1	—	—	—	—	—
2	34	35	37	31	57
3	—	1	5	1	3
4	—	—	1	7	3
5	—	—	—	—	—
6	1	2	1	8	13
7	—	—	—	—	—
8	11	7	3	2	5
9	—	—	—	—	2
10	—	—	—	9	6
11	2	8	33	61	37
12	—	—	—	—	—
13	32	45	16	12	18
14	—	—	—	3	—
15	5	6	1	12	7
16	20	5	1	31	15
17	3	7	3	1	8
Delegate District—					
Crosby M.B. ...	—	—	—	—	—
Huyton-w-Roby U.D.	—	—	—	—	—
Middleton M.B. ...	—	1	1	2	4
Stretford M.B. ...	—	—	2	11	87
TOTAL— Administrative County	108	117	104	191	265

Of the 265 cases in 1968, 83 were referred to the County Council's clinic at Stretford; 18 to a clinic operated by Rochdale County Borough Council and the remaining 164 to Family Planning Association clinics as follows:—

Clinic	No. of cases
*Ashton-under-Lyne and District F.P.A. Clinic, Crickets Lane, Ashton-under-Lyne ... ..	8
Bolton F.P.A. Clinic, Public Health Department, Civic Centre, Bolton ... ..	13
*Eccles and District F.P.A. Clinic, Corporation Road, Eccles ... ..	18
*Fulwood F.P.A. Clinic, Lytham Road, Fulwood ... ..	1
*Hindley F.P.A. Clinic, 17, Liverpool Road, Hindley ... ..	5
*Lancaster and District F.P.A. Clinic, Ashton Road, Lancaster ... ..	18
*Leigh and District F.P.A. Clinic, College Street, Leigh... ..	17

*Little Hulton F.P.A. Clinic, Haysbrook Avenue, Little Hulton	...	1
*Lytham F.P.A. Clinic, Bath Street, Lytham	... ..	3
Manchester, Salford and District F.P.A. Clinic		
23, Anson Road, Manchester	... ..	14
*Middleton and District F.P.A. Clinic, Borrowdale Road,		
Langley Estate, Middleton	... ..	2
*Middleton and District F.P.A. Clinic, Durnford Street,		
Middleton	... ..	2
*Morecambe F.P.A. Clinic, Euston Road, Morecambe	... ..	39
*Nelson and District F.P.A. Clinic, Leeds Road, Nelson	... ..	13
*Newton-le-Willows F.P.A. Clinic, The Gables,		
Crow Lane West, Newton-le-Willows	... ..	6
Preston F.P.A. Clinic, Avenham Health Centre,		
Denbigh Way, (off Charlotte Street), Preston	... ..	2
*Widnes F.P.A. Clinic, Kingsway, Widnes	... ..	2

\* Denotes clinics held in County Council premises

**Care of Premature Infants.**—The importance of the care of premature infants becomes greater relatively as the infantile mortality declines. Of the total of 793 deaths of infants under one year occurring in 1968 and assigned to the Administrative County, 187 were certified as due to prematurity unqualified by any other cause. The neo-natal mortality rate of premature babies was 135 per thousand live premature births in 1968, compared with a total neo-natal rate of 12·8 per 1,000 notified live births.

If premature babies are born at home they require special care and County Council midwives are encouraged to keep up-to-date in their knowledge of the management of premature babies by means of refresher courses and visits to premature baby units. Special cots, feeders, hot water bottles, etc., are held in each division for loan whenever the need arises.

If the premature baby requires transfer to hospital it should, if possible, be transported in a special heated carrier with facilities for the administration of oxygen. These carriers are provided by the hospital groups and all County Council ambulances have been fitted with an electric point in order that the heating of the carrier may be continued during the ambulance journey.

Arrangements exist whereby the special attention of health visitors is drawn to all premature births notified and such infants are visited as early as possible. This is particularly important in the case of infants born in hospital, while for babies born at home close liaison between the midwife and health visitor is imperative.

The following table analyses by weight group and place of occurrence all notified premature births assigned to the Administrative County in 1968. The totals by weight for the four previous years are also shown.

	Weight at birth											
	2 lb. 3 oz. or less		Over 2 lb. 3 oz. to 3 lb. 4 oz.		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		Total—5 lb. 8 oz. or less	
	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births
Number born—												
(i) At home or in private nursing homes (including maternity homes not in the National Health Service and Mother and Baby Homes) ... ..	10	4	10	3	33	6	36	2	174	6	263	21
(ii) In hospitals, including maternity homes in the National Health Service ... ..	127	81	202	130	472	105	556	57	1,182	57	2,539	430
TOTAL—1968 ... ..	137	85	212	133	505	111	592	59	1,356	63	2,802	451
1967 ... ..	107	56	211	114	531	125	552	54	1,328	71	2,729	420
1966 ... ..	138	93	173	131	539	122	602	54	1,462	58	2,914	458
1965 ... ..	115	75	182	128	440	131	539	44	1,395	49	2,671	427
1964 ... ..	130	77	213	113	512	125	573	51	1,432	62	2,860	428

Of the 263 premature infants born alive at home or in private nursing homes 66 were transferred to hospital, 29 of these being 4 lb. 6 oz. or less in weight.



The incidence of prematurity amongst live births, stillbirths and total births for 1968 and for the preceding four years, together with the average for the five years 1959-63, is shown in the statement below:—

Year					Proportion (per cent.) of prematurity amongst—		
					Live births	Stillbirths	Total births
1959-63	...	...	...	...	6.9	57.7	7.9
1964	...	...	...	...	6.7	56.3	7.5
1965	...	...	...	...	6.3	59.3	7.2
1966	...	...	...	...	6.9	63.1	7.9
1967	...	...	...	...	6.5	63.1	7.4
1968	...	...	...	...	6.7	63.6	7.6

Details of premature births taking place at home in relation to the total assigned to the Administrative County are given in the following statement for each of the last five years and as annual averages for the preceding five years.

Year	Total premature births			Premature births at home			Percentage of premature births occurring at home		
	Live births	Still-births	Total	Live births	Still-births	Total	Live births	Still-births	Total
1959-63	2,671	457	3,128	507	42	549	18.9	9.2	17.6
1964	2,860	428	3,288	446	33	479	15.6	7.7	14.6
1965	2,671	427	3,098	344	33	377	12.9	7.7	12.2
1966	2,914	458	3,372	332	26	358	11.4	5.7	10.6
1967	2,729	420	3,149	264	21	285	9.7	5	9.1
1968	2,802	451	3,253	247	21	268	8.8	4.7	8.2

For the same period the relationship in the Administrative County of total notified live births, premature live births and survival of the latter beyond 24 hours and 28 days is summarised in the following table:—

Year	Total notified live births	Premature live births					
		Total		Survived 24 hours		Survived 28 days	
		No. (3)	Per cent. of col. (2) (4)	No. (5)	Per cent. of col. (3) (6)	No. (7)	Per cent. of col. (3) (8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1959-63	38,772	2,671	6.9	2,429	90.9	2,286	85.6
1964	43,006	2,860	6.7	2,599	90.9	2,453	85.8
1965	42,136	2,671	6.3	2,461	92.1	2,330	87.2
1966	42,166	2,914	6.9	2,666	91.5	2,526	86.7
1967	41,874	2,729	6.5	2,490	91.2	2,340	85.7
1968	42,106	2,802	6.7	2,551	91.0	2,423	86.5

A summary of the deaths within certain periods of the first month of life of the premature infants notified in 1968 whose mothers were normally resident in the Administrative County area is given by birth weight below:—

Weight at birth	Premature infants born in 1968—																	
	*At home or in private nursing homes (including maternity homes not in the National Health Service and Mother and Baby Homes)						At home or in private nursing homes and transferred to hospital						In hospitals, including maternity homes in the National Health Service					
	Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2 lb. 3 oz. or less	10	100	—	—	—	—	3	100	—	—	—	—	91	71·7	25	19·7	1	0·8
Over 2 lb. 3 oz. to 3 lb. 4 oz.	3	30	—	—	—	—	3	42·9	—	—	—	—	67	33·2	34	16·8	5	2·5
Over 3 lb. 4 oz. to 4 lb. 6 oz.	2	6·1	2	6·1	—	—	2	10·5	1	5·3	—	—	43	9·1	19	4·0	7	1·5
Over 4 lb. 6 oz. to 4 lb. 15 oz.	1	2·8	—	—	—	—	—	—	—	—	—	—	13	2·3	9	1·6	4	0·7
Over 4 lb. 15 oz. to 5 lb. 8 oz.	3	1·7	1	0·6	—	—	2	8·7	—	—	—	—	18	1·5	12	1·0	9	0·8
TOTAL— 5½ lb. or less	19	7·2	3	1·1	—	—	10	15·1	1	1·5	—	—	232	9·1	99	3·9	26	1·0

\* Including any who were subsequently transferred to hospital.

The above summary of neo-natal mortality amongst premature infants is given for each health division and delegate district in Table 9, page 158.

**Care of Unmarried Mothers and their Children.**—Arrangements for the care of unmarried mothers and illegitimate children are carried out by the staff of the Health Committee in co-operation with the various voluntary moral welfare associations and the Children’s Department. Priority in admission to the Council’s day nurseries is afforded to illegitimate children in order to enable their mothers to go out to work.

The County Council do not administer any mother and baby homes. The antenatal, maternity and post-natal care of unmarried mothers in hostels is carried out through various moral welfare societies. In all but one instance payment is made entirely on a case basis, the full cost of maintenance being met by the County Council, less any contributions received from the mothers or on their behalf. The exception is the St. Monica Maternity Home, Kendal, to which an annual grant is made under the terms of an agreement between the managers of the home and five local health authorities.

Particulars of the County cases for which accommodation has been provided during the last five years are given in the following statement:—

Year					Expectant mothers	Post-natal cases	Total cases			*Per cent.	
							No.				
1964	...	...	...	...	296	...	20	...	316	...	15
1965	...	...	...	...	338	...	25	...	363	...	15
1966	...	...	...	...	327	...	23	...	350	...	14
1967	...	...	...	...	313	...	17	...	330	...	12
1968	...	...	...	...	292	...	17	...	309	...	11

\* Ratio of total cases to total illegitimate births assigned to Administrative County area.

The numbers of unmarried expectant mothers and post-natal cases admitted to the various mother and baby homes from each health division and delegate district during 1968 are shown in Table 10, page 159.

**Ophthalmia Neonatorum.**—Four cases of ophthalmia neonatorum were notified during 1968 in infants born to women resident in the Administrative County area, two occurring in hospital and two in domiciliary births. In all cases vision was subsequently ascertained to have been unimpaired.

**Welfare Foods.**—Particulars of centres issuing welfare foods at the end of 1968 are given below, together with comparative figures for the previous year:—

	1967	1968
Child health centres and school clinics ... ..	265	274
Premises tenanted by the County Council for the sole purpose of distributing welfare foods ... ..	5	4
Others, e.g., shops, private houses and W.V.S. centres	30	26
TOTAL ...	300	304

It is necessary to employ some part-time personnel and, in addition, valuable assistance is received from many sources, viz., shopkeepers, private householders and in several instances members of the W.R.V.S.—a notable contribution which is greatly appreciated.

Details of quantities issued during the year, with comparative totals for the previous year, are given in the following table:—

Issued to					National dried milk (20 oz. tins)	Cod liver oil (6 oz. bottles)	Vitamin tablets (packets of 45)	Orange juice (6 oz. bottles)
Individuals	...	...	...	...	123,283	29,782	31,203	505,522
N.H.S. hospitals	...	...	...	...	936	—	—	2,196
Day nurseries (including factory nurseries)	...	...	...	...	3	1,801	—	7,761
TOTAL—1968	...	...	...	...	124,222	31,583	31,203	515,479
1967	...	...	...	...	156,785	32,956	32,047	515,944

In considering the figures shown in this table it should be borne in mind that only those hospitals requiring small quantities of welfare foods obtain supplies from County Council centres, the majority ordering direct from Ministry depots. Local Education Authorities also obtain supplies of cod liver oil for children under five years of age in daily attendance at maintained schools and nursery schools direct from Ministry depots and not from local health authority distribution centres.



**Day Nurseries.**—The total day nursery accommodation provided by the County Council at the end of 1968 is compared below with that for each of the previous five years:—

Year	Day nurseries	Child places
1963 ... ..	53 ...	2,488
1964 ... ..	53 ...	2,506
1965 ... ..	53 ...	2,526
1966 ... ..	53 ...	2,526
1967 ... ..	51 ...	2,456
1968 ... ..	51 ...	2,456

Details of attendances, etc., at County Council day nurseries during 1968 are given in the following statement together with the corresponding figures for each of the previous four years. Particulars for 1968 in respect of each health division and delegate district are shown in Table 11 on page 160.

	1964	1965	1966	1967	1968
No. of children on registers at end of year ...	2,692	2,732	2,885	2,814	2,776
No. of children on waiting lists at end of year ... ..	1,709	2,046	2,363	2,285	2,191
Total no. of attendances ... ..	494,726	505,465	519,391	521,524	515,237
No. of children on register at end of year whose parents or guardians were categorised as :—					
Social cases ... ..	1,105	1,220	1,352	1,501	1,447
Others ... ..	1,587	1,512	1,533	1,313	1,329
*Full-time equivalent of staff employed at end of year ... ..	664	675	689	675	671

\* Includes domestics; two students in training counted as one unit of staff.

**TRAINING.**—Of the 51 nurseries administered by the County Council at the end of 1968, 39 were approved for the training of nursery students. There were three nursery training schools in the Administrative County area—at Newton-le-Willows, Rossendale and Lancaster. In addition, there was an arrangement with the Burnley Education Authority to take nursery students into a County Council day nursery to obtain practical experience.

In September, 1962, the Lancashire Education Committee introduced a revised “full-time” National Nursery Examination Board training course under which students, although no longer employees of the County Council, will continue to attend day nurseries for training in the care of young children. The N.N.E.B. training scheme at Rochdale has not been altered.

Student health visitors during their training spend some three to five days in a nursery to gain practical experience in dealing with healthy children and to learn about the administration of day nurseries.

During the year three refresher courses were held, each of a week’s duration, for day nursery matrons, deputy matrons, and nursery assistants. Visits were made to various day nurseries and nursery schools.

**ADMISSION TO NURSERIES—PRIORITIES.**—Priority categories were first drawn up by the County Council in 1949 when preference was given to women employed in cotton, engineering and other industries, social cases being second choice and children of women wishing to work for financial reasons third. These were revised in 1952 when social cases became first choice, women employed in cotton, engineering, etc., becoming second choice and no change being made in the third category. Towards the end of 1957, the parents were divided into two groups only, *viz.*, (i) social cases, (ii) others. Thus the original primary purpose of the day nurseries in assisting women to work in industry was changed to meet the needs of social cases.

“Social cases” are persons, solely responsible for the care of young children, who must of necessity go out to work to earn a living and include unmarried mothers, widows, widowers, mothers or fathers separated, divorced or deserted. They also include families where the mothers are unable to look after their children owing to illness or confinement, or where ill-health of the father necessitates the mother going out to work and children of problem families and others in need of special day-time care.

During 1959 the Health Committee agreed that suitable handicapped children should be admitted to day nurseries even though their mothers did not go to work. Care has to be taken that the staff of a nursery are not overburdened by the admission of too many handicapped children to any nursery but there is no doubt that in suitable cases this arrangement is of benefit to the children and their parents.

ACCIDENTS IN DAY NURSERIES.—The following table gives information about accidents to children when attending County Council day nurseries during the five years 1964-1968 inclusive.

Year	No. of accidents reported	Accident rate per 10,000 attendances by age group (in years)		
		0-	2-4 inclusive	Total under 5 years
1964	99	1.8	2.1	2.0
1965	126	2.5	2.5	2.5
1966	110	2.2	2.1	2.1
1967	82	1.5	1.6	1.6
1968	95	1.3	1.9	1.8

The injuries were mostly of a minor nature although in a small number of cases fractures were sustained. Of the 95 cases reported, 53 were referred to hospital and six to the family doctor for treatment or advice.

**Nurseries and Child Minders Regulation Act, 1948.**—In order to remedy various deficiencies which had become evident in the operation of this Act new legislation was introduced by the implementation of section 60 of the Health Services and Public Health Act, 1968. This section came into force on the 1st November, 1968, but a period of three months grace was allowed before penalties for non-compliance with the amended statutory provisions became operative.

The principal change concerned child minders. Whereas previously they were only required to register if they were receiving more than two children under five from more than one family for reward the new legislation required them to register if they were receiving one child for reward. The definition of "a substantial part of a day" which was a governing factor in determining whether registration was necessary, and which had been the subject of a variety of interpretations by local health authorities, was clarified by requiring registration in the case of both child minders and nurseries where children were received for a period or periods aggregating two hours or more.

Among various other amendments local health authorities were empowered to impose additional conditions on child minders and penalties for non-compliance with the provisions of the 1948 Act as amended were substantially increased.

A Ministry of Health Circular 36/68 was issued on the 18th October, 1968 explaining the provisions of the new legislation and was accompanied by a further circular 37/68 issued on the same date on the subject of day care facilities for children under five.

Particulars of registrations at the end of 1968 are given in the following table. As the new legislation did not become fully operative until 1969 the figures show very little variation from those applicable at the end of 1967.

Health Division No.	PREMISES				PERSONS			
	No. of premises providing		No. of children authorised		No. of persons providing		No. of children authorised	
	All day care	Sessional care	All day care	Sessional care	All day care	Sessional care	All day care	Sessional care
1 ... ..	2	—	36	—	1	—	6	—
2 ... ..	1	1	25	20	1	2	12	29
3 ... ..	2	6	77	151	—	8	—	77
4 ... ..	—	7	—	219	5	6	28	61
5 ... ..	—	—	—	—	1	—	8	—
6 ... ..	—	—	—	—	3	1	34	7
7 ... ..	—	6	—	144	—	23	—	199
8 ... ..	1	2	30	44	1	2	6	11
9 ... ..	—	8	—	190	3	—	36	—
10 ... ..	—	7	—	170	—	8	—	51
11 ... ..	1	4	22	91	4	3	38	20
12 ... ..	—	2	—	48	3	—	18	—
13 ... ..	2	—	90	—	2	—	13	—
14 ... ..	8	2	320	45	8	—	53	—
15 ... ..	—	3	—	84	—	3	—	18
16 ... ..	—	1	—	24	5	—	19	—
17 ... ..	3	1	110	25	1	—	4	—
Delegate District—								
Crosby M.B. ...	—	3	—	90	2	—	20	—
Huyton-W-Roby U.D.	—	—	—	—	1	—	18	—
Middlcton M.B. ...	—	—	—	—	1	—	4	—
Stretford M.B. ...	1	—	38	—	4	—	23	—
TOTAL ... ..	21	53	748	1,345	46	56	340	473

**Notified Births.**—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the medical officer of health of the welfare authority for the area in which the birth takes place. The County Council are the welfare authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the medical officer of the health division or delegate district in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors is greatly facilitated.



The numbers of notified births occurring in each area during the year 1968 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

Health Div. No.	In hospitals, maternity homes, etc.								In the home								TOTAL									
	Live births						Still-births	Live births						Still-births	Live births						Still-births					
	Prema-ture		Mature		Total			Prema-ture		Mature		Total			Prema-ture		Mature		Total							
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.						
1	5	3	160	144	165	147	2	—	2	36	25	36	27	—	—	5	5	196	169	201	174	2	—			
2	60	75	811	728	871	803	17	20	3	2	94	85	97	87	2	1	63	77	905	813	968	890	19	21		
3	18	17	512	458	530	475	2	1	2	3	169	153	171	156	1	1	20	20	681	611	701	631	3	2		
4	93	103	1,382	1,352	1,475	1,455	17	23	14	10	421	418	435	428	2	2	107	113	1,803	1,770	1,910	1,883	19	25		
5	22	40	838	839	860	879	2	5	6	6	103	122	109	128	1	1	28	46	941	961	969	1,007	3	6		
6	8	16	281	264	289	280	1	1	6	8	158	131	164	139	—	1	14	24	439	395	453	419	1	2		
7	49	49	544	517	593	566	8	9	5	5	149	146	154	151	—	—	54	54	693	663	747	717	8	9		
8	121	149	1,428	1,289	1,549	1,438	44	40	6	7	312	327	318	334	2	3	127	156	1,740	1,616	1,867	1,772	46	43		
9	130	116	1,203	1,083	1,333	1,199	28	20	8	16	403	377	411	393	3	1	138	132	1,606	1,460	1,744	1,592	31	21		
10	—	—	—	—	—	—	—	—	8	2	312	323	320	325	2	—	8	2	312	323	320	325	2	—		
11	162	175	1,811	1,610	1,973	1,785	52	39	6	20	283	231	292	251	1	6	171	195	2,094	1,841	2,265	2,036	53	45		
12	26	23	446	419	472	442	5	6	9	9	300	260	309	269	2	1	35	32	746	679	781	711	7	7		
13	93	88	901	827	994	915	25	13	7	5	221	218	228	223	2	—	100	93	1,122	1,045	1,222	1,138	27	13		
14	—	—	—	—	—	—	—	—	1	6	257	202	258	208	—	—	1	6	257	202	258	208	—	—		
15	8	—	110	98	118	98	1	—	7	6	134	179	141	185	—	1	15	6	244	277	259	283	1	1		
16	43	68	796	756	839	824	20	18	2	3	70	62	72	65	—	1	45	71	866	818	911	889	20	19		
17	104	123	964	867	1,068	990	37	35	7	17	320	286	327	303	2	1	111	140	1,284	1,153	1,395	1,293	39	36		
Delegate District—																										
Crosby M.B. ...	10	9	163	139	173	148	—	—	2	1	47	39	49	40	—	—	12	10	210	178	222	188	—	—		
Huyton-w-Roby U.D. ...	—	—	—	—	—	—	—	—	7	5	113	110	120	115	1	—	7	5	113	110	120	115	1	—		
Middleton M.B. ...	—	—	—	—	—	—	—	—	1	1	112	110	113	111	—	—	1	1	112	110	113	111	—	—		
Stretford M.B. ...	6	13	242	227	248	240	—	—	2	2	43	42	45	44	2	—	8	15	285	269	293	284	2	—		
Administrative County ...	958	1067	12,592	11,617	13,550	12,684	261	230	110	136	4,057	3,846	4,169	3,982	23	20	1,070	1,203	16,649	15,463	17,719	16,666	284	250		

Note.—A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

In contrast to the above table, the statement inserted below provides for the year 1968 details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after reassignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter relate to *notified* births and therefore, although corrected for transfers, differ in some small degree from the numbers of births as supplied by the Registrar General and used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								TOTAL							
	Live births						Still- births		Live births						Still- b'ths		Live births						Still births	
	Prema- ture		Mature		Total				Prema- ture		Mature		Total				Prema- ture		Mature		Total			
	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.		
Total no. occurring in Administrative County ... ..	958	1,067	12,592	11,617	13,550	12,684	261	230	112	136	4,057	3,846	4,169	3,982	23	20	1,070	1,203	16,649	15,463	17,719	16,666	234	250
No. transferred out of Administrative County to areas of other L.H. authori- ties... ..	400	415	3,941	3,603	4,341	4,018	106	73	1	1	12	11	13	12	—	—	401	416	3,953	3,614	4,354	4,030	106	73
No. occurring in and belonging to Admini- strative County ...	558	652	8,651	8,014	9,209	8,666	155	157	111	135	4,045	3,835	4,156	3,970	23	20	669	787	12,696	11,849	13,365	12,636	178	177
No. transferred into Administrative County from areas of other L.H. authorities... ..	656	689	7,732	7,016	8,388	7,705	180	174	—	1	5	6	5	7	—	—	656	690	7,737	7,022	8,393	7,712	180	174
Final no. belonging to Administrative County ... ..	1,214	1,341	16,383	15,030	17,597	16,371	335	331	111	136	4,050	3,841	4,161	3,977	23	20	1,325	1,477	20,433	18,871	21,758	20,348	358	351

Note.—A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

The widening of the ratio of institutional to domiciliary births which has been a feature for some years was continued in 1968, as the following statement shows:—

Year	Proportion (per cent.) of notified births assigned to Administrative County area and occurring—					
	In hospitals, maternity homes, etc.			In the home		
1964	...	...	...	...	71·7	28·3
1965	...	...	...	...	73·9	26·1
1966	...	...	...	...	76·3	23·7
1967	...	...	...	...	78·2	21·8
1968	...	...	...	...	80·9	19·1

### MIDWIFERY

The County Council provide a midwifery service by the employment of full-time midwifery sisters in urban areas and district nursing-midwifery sisters in the rural areas. The numbers employed on the 31st December, 1968, including those in the delegate districts, are shown in the statement below in comparison with those employed in the previous four years.

No. employed at end of year

*Whole-time staff—*

	1964	1965	1966	1967	1968
Midwives	240	251	243	241	238
Nurse-midwives	66	67	65	69	63

*Part-time staff—*

Midwives or nurse-midwives	9	10	10	13	17
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*Total equivalent whole-time staff engaged in midwifery*

254	263	254	248	247
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Supervision of midwives throughout the Administrative County area is carried out by a non-medical supervisor of midwives, a deputy and two area supervisors, whilst the nursing-midwifery sisters are supervised by the district nursing superintendents.

Confinements occurring in the Administrative County area were 956 fewer than in the preceding year, those attended by County Council midwives and nurse-midwives accounting for 24·0 per cent. of the whole.

The following table shows the number of confinements attended by midwives in the various services during each year from 1964 to 1968. These figures do not include miscarriages.

				Total confinements attended				
				1964	1965	1966	1967	1968
(a)	Local Health Authority services—							
	County Council midwives	...	...	11,612	10,597	9,618	8,841	7,895
	County Council nurse-midwives	...	...	723	568	523	483	396
(b)	Hospital services—							
	In State hospitals	...	...	24,736	25,222	25,187	25,618	25,866
	In voluntary hospitals	...	...	—	—	—	—	—
(c)	In private practice—							
	Domiciliary	...	...	6	2	6	1	—
	Nursing homes, etc.	...	...	604	481	366	491	321
TOTAL—All services				37,681	36,870	35,700	35,434	34,478

In addition to these confinements, County Council midwives and nurse-midwives attend cases discharged from hospital before the end of the minimum lying-in period as defined by the Central Midwives Board, and during 1968 they made 96,708 visits to 23,115 such cases as compared with 80,595 visits to 18,775 cases in 1967. The 1968 figures represent increases of 20 per cent. and 23 per cent. respectively over those for the preceding year. In further illustration of the growing tendency towards the early discharge of mothers from hospital, the case totals quoted earlier in this paragraph represented in 1967, 58 per cent. and in 1968, 68 per cent. of births in hospital where the mother was resident in the Administrative County area.

The County Council midwives and nurse-midwives also attended 200 miscarriages.



**Oxygen Resuscitators.**—At the end of the year 302 midwives and nurse-midwives were in possession of oxygen resuscitators.

**District Training of Pupil Midwives.**—Fifty of the County Council's midwifery sisters are approved by the Central Midwives Board as pupil midwife teachers and give instruction in domiciliary midwifery to pupil midwives taking their Part II training. During the year 117 pupils from eleven hospitals in the Administrative County area completed their district training under these arrangements.

**Post-Graduate Training.**—In accordance with the rules of the Central Midwives Board, 50 County Council midwifery sisters and district nursing-midwifery sisters attended a residential refresher course during 1968.

In addition, three of the County Council's supervisory staff attended a residential post-graduate course for supervisors of midwives at Southlands College, Wimbledon, from the 21st to the 26th April, 1968.

A half-day refresher course was held at the County Hall, Preston, on the afternoon of the 9th May, and repeated on the 17th May. Miss M. I. Farrer, Vice-Chairman, Central Midwives Board, and Matron, Forest Gate Hospital, London, spoke on "The future of the maternity services". Midwifery sisters and district nursing-midwifery sisters attending numbered 365, including 53 from other authorities.

**First-Aid in Midwifery.**—As in previous years the supervisors of midwives gave lectures on "First-aid in midwifery" to newly appointed ambulance drivers and attendants.

**Motor Transport.**—At the end of 1968, all the whole-time midwifery sisters employed were using motor cars for official duties. Fifty-four of the cars were owned by the County Council, the remainder being privately owned. Details of transport used by nursing-midwifery sisters are given in the district nursing section of this report.

**Pupil Midwives' Hostels, Kirkby and Prestwich.**—During the year 34 pupil midwives stayed at these hostels, 14 at the Kirkby hostel and 20 at Prestwich, whilst undertaking their three months district training.

**Housing of County Council Midwifery Sisters.**—Of the 238 whole-time midwifery sisters employed on the 31st December, 1968, 55 occupied houses owned by the County Council, 39 occupied houses rented by the County Council from local district councils, two occupied houses rented by the County Council from private owners, whilst five occupied houses let direct to them by local district councils. The remaining 137 midwifery-sisters provided their own living accommodation.

**Health Services and Public Health Act, 1968.**—Under the provisions of section 10 of this Act, arrangements may be made between a local authority and a hospital management committee whereby the services of midwives employed by the authority are made available in a hospital on such terms and conditions as may be agreed. An agreement was made, under this section of the Act, between the County Council and a hospital management committee which was experiencing difficulty in staffing a maternity unit at one of the hospitals within the management committee's area, whereby a part-time midwifery sister was seconded for a period of two weeks and a whole-time midwifery sister was temporarily attached to the unit on the 1st October, 1968. The arrangement was continued into 1969.

Section 10 of the Act also confers on a local health authority power to provide or make arrangements for the provision of midwives for attendance on women elsewhere than in their own homes or in hospitals vested in the Minister. The object of this is to enable midwives to attend women at health centres, local health authority clinics, at the midwife's home, general practitioner's surgery or elsewhere as required, thereby providing for greater flexibility in the deployment of midwives and promoting closer co-operation between the local authority midwifery services and general practice. The County Council had previously agreed to County Council district midwifery sisters attending confinement cases which satisfied certain criteria in Hope Hospital, Salford, reference to which is made below.

**General Practitioner Maternity Unit, Hope Hospital, Salford.**—In March, 1966, after consultation with general practitioners, Salford City Council, Salford Hospital Management Committee and the Manchester Regional Hospital Board, the County Council agreed to take part in an experimental scheme for the admission, delivery and immediate transfer home of patients to be dealt with by domiciliary midwifery sisters employed by the County Council and Salford City Council together with general practitioners at the Maternity Unit, Hope Hospital, Salford.

Basically the idea is for the midwifery sister and/or the general practitioner to go into this unit with the patient, deliver her, and take her home within a few hours of delivery. If the delivery occurs during the night the patient will be kept in over-night. If a complication develops during labour the patient will be transferred to one of the labour wards in the specialist unit on request by the general practitioner to the registrar on duty. The patient will then come within the full jurisdiction of the hospital staff, though the midwifery sister and the general practitioner will be encouraged to follow the patient through. The patient while in the general practitioners' unit is the responsibility of the general practitioner.

The scheme will enable patients who would otherwise be delivered at home to be delivered in hospital. The type of patient to be admitted will be in one of the following categories:—

- (1) Healthy primigravida or multipara whose home conditions are good, but who for emotional reasons requires the "safety" of hospital precincts.
- (2) Patient whose home conditions are border line, if it is considered the home is fit for early discharge.
- (3) Pregnant woman with good home who has had some minor obstetrical complication in a previous pregnancy which is unlikely to recur but is causing anxiety to her.

The scheme commenced in October, 1966, and the numbers of births in the unit to patients residing in the Administrative County area are as follows:—

	No. of births			
1966	...	...	...	8
1967	...	...	...	112
1968	...	...	...	149

## STATISTICS

### ALL MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA

**Roll of Midwives.**—The following table shows the distribution of all midwives on the County roll on the 31st December, 1968, in the various types of service:—

Type of service						No. of midwives
(a) Local Health Authority services—						
	County Council midwives	...	...	...	...	248
	County Council nurse-midwives	...	...	...	...	66
(b) Hospital services—						
	In State hospitals	...	...	...	...	376
	In voluntary hospitals	...	...	...	...	—
(c) In private practice—						
	Domiciliary	...	...	...	...	1
	Nursing homes, etc.	...	...	...	...	7
TOTAL—All services ...						698

### COUNTY COUNCIL MIDWIFERY SERVICE

The following table gives the numbers of confinements and miscarriages attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during 1968 and the four previous years:—

		1964		1965		1966		1967		1968	
		Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives
Confinements	...	11,612	723	10,597	568	9,618	523	8,841	483	7,895	396
Miscarriages	...	148	21	138	13	166	19	159	8	181	19
		11,760	744	10,735	581	9,784	542	9,000	491	8,076	415
TOTALS...	...	12,504		11,316		10,326		9,491		8,491	



The numbers of visits made by County Council midwives and nurse-midwives during 1968 are given below, together with the figures for the previous four years.

	VISITS PAID				
	1964	1965	1966	1967	1968
Midwives ... ..	310,012	287,235	260,024	237,684	213,319
Nurse-midwives ... ..	21,888	17,145	15,876	14,353	12,646
TOTAL ... ..	331,900	304,380	275,900	252,037	225,965
Visits to mothers confined in hospital and discharged before the 10th day... ..	45,036	57,839	70,504	80,595	96,708

Particulars of bookings of the general practitioners in connection with the confinements attended in 1968 by County Council midwives and nurse-midwives are given in the following table:—

	CONFINEMENTS			TOTAL BIRTHS
	Doctor not booked	Doctor booked	Total	
Midwives ... ..	141	7,754	7,895	7,914
Nurse-midwives ... ..	7	389	396	397
TOTAL ... ..	148	8,143	8,291	8,311

Of the 8,291 mothers attended in confinement by County Council midwives and nurse-midwives 8,143 or 98·2 per cent. had also booked a doctor.

The use of the different types of inhalational analgesic during the last five years is shown below:—

Year	Total confinements attended by County Council midwives and nurse-midwives	Confinements at which inhalational analgesic was administered		Confinements at which the following inhalational analgesics were administered			
				Nitrous oxide/oxygen		Trilene	
		No.	*Per cent.	No.	*Per cent.	No.	*Per cent.
1964	12,335	10,151	82	—	—	9,699	79
1965	11,165	9,241	83	108	1	8,879	80
1966	10,141	8,166	81	138	1	7,968	79
1967	9,324	7,337	79	505	5	6,769	73
1968	8,291	6,256	75	875	11	5,381	65

\* Of total confinements attended by County Council midwives and nurse-midwives.

The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births occurring in the Administrative County is shown in the statement below:—

	1964	1965	1966	1967	1968
(a) Total No. of live and still births occurring in the Administrative County ... ..	38,048	37,225	35,987	35,564	34,919
(b) No. of (a) which were domiciliary ...	12,419	11,233	10,183	9,279	8,194
(c) No. of (b) which were attended by County Council midwives and nurse-midwives ... ..	12,377	11,200	10,158	9,240	8,155
(d) Percentage of (c) to (a) ... ..	32·5	30·1	28·2	26·0	23·4
(e) Percentage of (c) to (b)... ..	99·7	99·7	99·8	99·6	99·5

Of the total births to mothers normally resident in the Administrative County area, 19·1 per cent. were domiciliary (see page 55).

In the following statement particulars are given for 1968 and each of the four preceding years of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives.

	1964	1965	1966	1967	1968
<i>Deaths of mother or child (including deaths after removal to hospital)—</i>					
No. of live and still births attended ...	12,377	11,201	10,165	9,353	8,311
No. of deaths of mother ...	2	1	—	1	1
No. of deaths of child ...	54	45	30	20	18

**Criteria for Booking of Domiciliary Confinement.**—Since the beginning of 1964 arrangements have been in operation throughout the Administrative County area by which some appraisal is possible as to the extent to which the generally accepted criteria for home confinement are fulfilled in relation to those expectant mothers who book a County Council district midwifery sister for their confinement. These criteria, as published in the Ministry of Health Reports on Confidential Enquiries into Maternal Deaths in England and Wales since 1958, are:—

1. As far as can be ascertained the woman's general physical state is unimpaired.
2. She is pregnant for the second, third or fourth time, the previous pregnancies, labours and puerperia have been normal and she is under 35 years of age.
3. She is a primigravida under 30 years of age.
4. She is Rhesus positive, or is known to have no antibodies.
5. The home conditions are suitable.

From experience gained in the collation and analysis of the information obtained in 1964, collection of data relating to the Rhesus factor has not been undertaken in subsequent years. This was decided as a result of the difficulties and delays often involved in securing such data and the fact that less than one per cent. of all expectant mothers may be expected to be Rh. negative with antibodies.

During 1968, information relative to 7,423 bookings was analysed as shown in the following table. In considering this, regard must be had to what may appear to be discrepancies in that women stated to be pregnant for the first time are shown to have had previous abnormal pregnancies. This arises from differences of definition inasmuch as for the purpose of the classification "Pregnant first time" previous abortions are disregarded, whereas under the heading "Previous pregnancies, labours and puerperia" abortions or ectopic gestations are treated as previous abnormal pregnancies.

Pregnancy/age	Total booked	Patient's physical state		Previous pregnancies labours and puerperia		Home conditions		*Domiciliary criteria fulfilled
		Satisfactory	Not satisfactory	All normal	Not all normal	Suitable	Not suitable	
Pregnant 1st time—								
Under 30 years ...	450	448	2	—	17	442	8	425
30 years and over ...	15	15	—	—	2	15	—	—
Pregnant 2nd, 3rd or 4th time—								
Under 35 years ...	6,144	6,129	15	5,148	996	6,073	71	5,089
35 years and over ...	346	340	6	268	78	341	5	—
Pregnant for 5th or more times— ...	468	458	10	313	155	447	21	—
TOTAL ...	7,423	7,390	33	5,729	1,248	7,318	105	5,514

\*Rhesus factor ignored.

It must be pointed out that the above figures represent the position at the time of booking. Many cases shown on booking to be unsuitable for home confinement are subsequently delivered in hospital, often after consultation between the divisional medical officer and the family doctor.

Since 1964 there has been a noticeable decline each year in the proportion of cases which on the basis of age and parity alone should have been booked for hospital and not for domiciliary confinement. In 1968 there were 829 cases booked which fell within this category of which 56·5 per cent. were those of women pregnant for the fifth or more times, and a further 41·7 per cent. were those of women aged 35 years or over who were pregnant for the second, third or fourth time. County Council midwifery sisters are urged to do everything to persuade the older multiparae to have their babies in hospital rather than to follow their known preference to have them at home, and it would appear that this advice together with that of general practitioners, obstetricians and the divisional medical staffs is having the desired effect in that the 829 cases booked which fell within this category represented in 1968, 11·2 per cent. of the total bookings compared with the corresponding proportions of 13·3 per cent. in the previous year, and 19·3 per cent. in 1964.



As will be seen from the table below the improvement referred to is also reflected in the proportion of bookings where all the criteria (excluding the Rhesus factor) are taken into consideration.

Year	Percentage fulfilling domiciliary criteria	
	By age/ parity only	*All criteria
1964 ... ..	80·7	†
1965 ... ..	83·0	69·0
1966 ... ..	85·5	72·6
1967 ... ..	86·7	73·1
1968 ... ..	88·8	74·3

\*Rhesus factor ignored.      †Not available.

HEALTH VISITING

The health visiting service of the County Council is provided by the direct employment of qualified health visitors who also perform the duties of school health visitor within the school health service.

The professional supervision of the service is carried out by the superintendent health visitor, a deputy and nine area superintendents. At the end of the year there were 415 health visitor/school nurses, compared with 409 at the end of 1967. There were also 133 school/clinic nurses (S.R.N. or S.E.N.) assisting the health visitors with school health work and in all types of clinics. There was a slight improvement in the number of health visitors employed but it was still short of the authorised establishment in spite of continuous efforts to recruit the required staff. The assistance of the state registered and state enrolled nurses—many of whom are employed part-time—as school/clinic nurses has, therefore, become increasingly necessary. Some state registered nurses take their health visitor training as a result of working in the first place as school/clinic nurses and observing the wider scope and greater interest of the work of health visitors.

There were 15 tuberculosis visitors, some of whom also assist in school health and clinic duties. The tuberculosis work is becoming gradually merged with the health visitors' general duties as the original tuberculosis visitors retire or resign.

The County Council continued the scheme under which, in order to stimulate recruitment, financial assistance is granted to nurses to undertake training leading to the health visitors' certificate. During the year the 19 student health visitors who had been assisted in this way all succeeded in obtaining the certificate.

During 1968 health and tuberculosis visitors in the Administrative County area visited a total of 255,859 persons. Visits paid during each of the last five years are shown below and similar information by health division and delegate district for 1968 is given in Table 12, page 161, together with an analysis of the types of visits paid, classified in accordance with the requirements of the Department of Health and Social Security.

Year	Visits paid by health and tuberculosis visitors to—								Total
	Expectant mothers	Children under 5 years	Adults (excl. expectant mothers and tuberculous)		Tuberculosis				
			Cases	Contacts	Under 65 yrs.	65 yrs. and over	Under 65 yrs.	65 yrs. and over	
1964	19,657	502,890	23,930	60,404	25,576	2,165	32,999	1,027	668,648
1965	18,661	490,949	24,485	66,643	20,727	2,462	27,783	1,011	652,721
1966	18,456	492,224	27,763	72,387	18,764	2,445	24,724	1,216	657,979
1967	16,968	482,388	29,385	67,738	15,656	2,550	21,699	1,338	637,722
1968	15,799	492,671	32,751	68,981	13,817	2,748	19,803	1,188	647,758

**Educational Work of Health Visitors.**—The arrangements whereby health visitor students from training colleges accompanied health visitors, some of whom are specially trained as field work instructors, in various parts of the County for their practical training continued and students from Liverpool, Bolton, Bradford, Manchester and London were accommodated. Facilities were also provided for students from hospitals, district nursing training courses and from the Social Studies Departments of the Manchester and Liverpool Universities and the Harris College, Preston, to spend time with the health visitors to gain an understanding of their work. A further group of students taking part in an integrated nurse training course at Manchester University accompanied the field work instructors for their practical training. Student teachers from the Edge Hill and C. F. Mott Colleges of Education observed the sphere of work undertaken by the health visitors and within day nurseries. Individual students from other Teacher Training Colleges also visited the child health centres, school clinics and nurseries in connection with projects they are studying and senior school children doing civics or mothercraft courses visited clinics and other departments.



Students attending the pre-nursing course at the Newton-le-Willows College of Further Education gained an insight into the County Health Service through visits with the health visitors to child health centres and other establishments.

The programme of lectures and talks, many of which are undertaken in co-operation with other Departments of the County Council and the Regional Hospital Boards, continued as in previous years to a wide variety of professional and voluntary organisations.

The health visitors have also spoken to groups of women who organise or are planning to organise playgroups, and in this connection some courses are being conducted at Colleges of Further Education at which health visitors and supervisory staff have been invited to take part.

The amount of teaching in schools by health visitors continued to increase and the health visitors often take part in health education and mothercraft subjects which are increasingly being included in the school curriculum. During the year the number of girls taking the course of mothercraft as planned by the National Association for Maternal Welfare has increased and most take the examination at the end of the course. This course is becoming increasingly popular each year and members of the health visiting staff act as lecturers and examiners. As this is probably the only opportunity for many of these girls to obtain this sort of knowledge which will be so important to them within a few years co-operation with the schools in this subject is valued. In one area the health visitors organised a project on "obesity". Projects of this nature, which include talks given in the junior schools by the health visitors, supported by the facilities available through the health education section, end in a prizegiving ceremony attended by parents and children thus affording an excellent opportunity for drawing attention to current problems. Talks to senior boys continued in accordance with the syllabus for the Duke of Edinburgh Awards.

The facilities provided at new clinics have encouraged educational work especially at ante-natal clinics and relaxation classes and some health visitors and midwives have been trained to teach relaxation and exercises to the mothers who attend. In some areas evening classes are being held for relaxation and mothercraft.

Towards the end of the year a scheme to educate the women of immigrant families was started at a clinic in East Lancashire. Through the help and co-operation of the education department it has been possible to open up a field of communication with some of the immigrant mothers. An interpreter attends the child health centre and has been able to form a small class which is progressing slowly. The health visitors have found it of great value to be able to include instruction on health matters and to gain information about the families.

Mothers' clubs continue to flourish and new ones have been opened during the year. These clubs form a close link between the parents and health visitors. Talks are arranged on all aspects of parentcraft, health education and allied subjects of interest whereby a wider appreciation and understanding of the local health authority and other services is developed and the interest of parents maintained in the wellbeing of their families.

In September the Mere Oaks School for Handicapped Children at Standish was opened and a health visitor was appointed to the staff. Working closely with health visitors in the areas, she visits the families of children who are attending the school. The purpose of this work is to give the parents support and guidance and provide an opportunity for health education in the home.

**Co-operation with General Practitioners.**—Although, as yet, only one division has full attachment of health visitors to general practitioners, active co-operation between health visitors and general practitioners is increasing, 147 health visitors being linked (either for liaison or by full attachment) with groups of general practitioners and these schemes are bringing good results.

This has made a marked change in the pattern of the health visitor's work. Instead of having a circumscribed geographical area, she now visits over a much wider area. Many visits are at the express request of the general practitioner besides the normal visiting and other duties the health visitor undertakes. General practitioners are requesting this service from the local authority in more areas of the county. This is reflected in the increased number of visits to adults between the ages of sixteen and sixty-five during the year.

In 1968 more liaison schemes and several new attachments were started. In other areas discussions were under way to develop this method of working together by staff and doctors. Health visitors on the whole like this way of working although there are sometimes "teething" troubles to be overcome. The administrative staff are constantly on the alert to ensure that the health visitors' services are being used to the greatest advantage. In some areas the general practitioners are using clinic premises for conducting their surgeries and clinics and this is fostering good relationships. In other areas the general practitioners are conducting their own child health clinics, with the health visitors assisting.

At one hostel for mentally handicapped children the area superintendent and a health visitor make regular visits for the purpose of maintenance of health of the children. The general practitioner to whom the health visitor is attached is also the doctor for the hostel.



**Co-operation with Hospitals.**—Co-operation with hospital staffs varies in form. In one division for example, a health visitor accompanies the geriatrician on domiciliary visits. In another area family care conferences have been established, where the geriatrician, health visitor, social worker and family meet to discuss the situation and problems of the geriatric patient. The health visitor visits with the geriatrician and after discussion arranges with colleagues that any help required is obtained.

In general, liaison with hospitals continues to expand and in many areas health visitors, on a rota basis, attend geriatric, paediatric, diabetic and chest clinics. The consultants have expressed appreciation of the value of this close co-operation. Some health visitors attend hospital antenatal clinics and also visit the maternity wards so that they meet the mothers before and after babies are born to help with any problems. In some areas consultants have attended staff meetings to inform health visitors of changes in treatment and after-care.

Co-operation between health visitors and hospital social workers continued to prove of value. In one maternity hospital a County and a County Borough health visitor visit the lying-in wards for mothercraft teaching and discussion groups, an arrangement which is proving most successful. In some areas health visitors take groups of expectant mothers to visit the local maternity hospital or take mothercraft and relaxation classes in the hospitals. On the other hand, midwifery sisters from the hospital may attend local authority antenatal clinics to inform the mothers of the hospital regime.

In Health Division No. 3 a liaison scheme with the ophthalmic clinics was started in November at the request of the consultants. Four clinics are covered by a health visitor from the adjacent County Borough, a County health visitor, a district nursing sister engaged in hospital liaison work and a medico-social worker from the hospital.

A mother and baby unit was formed as part of the female psychiatric section of Whittingham Hospital and a health visitor liaison scheme has been in operation since June, 1967. One of the health visitors visits the hospital weekly to discuss infant feeding and management with the mothers. She also advises the staff on the care of any toddlers there. Contact between this health visitor and the health visitors in the areas from which the mothers have come is maintained. The family health visitor is notified when the mother, with her baby, is ready for discharge. This liaison scheme began at the request of the hospital after members of the staff had attended the nearby village child health centre with the mothers and has proved to be of great value to the mothers, the hospital staff and to the health visitor of the area to which the mother goes on discharge from hospital.

**Training and Refresher Courses.**—Members of the staff attended post certificate refresher courses organised by the Royal College of Nursing, the Health Visitors' Association and the Central Council for Health Education. Many attended the intensive teaching courses organised by the Health Visitors' Association, the Central Council for Health Education and courses run by other local authorities.

In September the Stretford Technical College arranged a short course entitled "Principles and Practice of Teaching for Health Visitors". Ten health visitors from Health Divisions Nos. 12, 15, 16, 17 and Stretford attended the College for one afternoon session each week for eight weeks. The health visitors concerned derived a great deal of benefit from the course and according to the College the standard of work presented at the practical sessions was extremely high.

More staff meetings have been held in the divisions during the year and often outside speakers and members from other health and welfare departments have talked about their work. Good discussions have followed this type of meeting. In Health Division No. 2 staff meetings often take place at the Post-Graduate Medical Centre and the health visitors are also encouraged to take full advantage of lunch time and evening meetings held at this centre, where they have the opportunity to meet other workers in the area, particularly the general practitioners.

At Cantril Farm Estate in Health Division No. 9 regular monthly meetings in the form of a luncheon club have been held in the community centre. Personnel involved with community work attend these meetings, including general practitioners, health visitors, district nurses, and midwives from both the County and the City of Liverpool, teachers, social workers and ministers of religion.

In 1966, the new syllabus of health visitor training came into force and this has raised the academic level required of students. It is now recommended that candidates born since 1936 should have five 'O' level G.C.E. subjects. Many young applicants are being advised to do further academic study so that they will be acceptable to the training colleges. In September, 1968, nineteen students commenced the course. The training lasts one full calendar year instead of an academic year as in the past. The content of the syllabus includes much more sociology than before and practical experience has been increased. Three more health visitors attended courses for field work instructors organised by the Royal College of Nursing and the Health Visitors' Association to enable them to undertake practical training of students. The Training Council lays down that these field work instructors should carry a case load of not more than 300 families so that they have time to devote to this important task of training the health visitor of the future.

The annual one-day conference for health visiting staff was held at the County Hall on the 14th March and repeated on the 19th March. At the morning session a symposium on the health visitors' part in the County Health and Welfare Services was held, those taking part being Dr. I. E. Howorth, Dr. J. M. V. Packer and Dr. J. G. A. S. Williamson, Principal Senior Medical Officers of the County Council, and Miss P. C. L. Gould, the Superintendent Health Visitor. At the afternoon sessions the speaker was Dr. M. H. Hall, Senior Accident Officer, Preston Royal Infirmary, on "The Battered Baby". Following the lecture there was a general discussion during which questions were answered.

**Screening for Phenylketonuria.**—Since May, 1961, arrangements have existed for health visitors to undertake the routine testing of the urine of infants for phenylketonuria and the results during the last five years are shown in the table below.

Year	No. of tests	No. positive to screening tests	Results of further investigation		
			Phenylketonuria confirmed	Incidence ratio of phenylketonuria	Phenylketonuria not confirmed
<i>Ages of 10-14 days</i>					
1964	37,213	*3	*1	1/37,213	2
1965	37,364	3	3	1/12,455	—
1966	38,077	1	1	1/38,077	—
1967	36,868	1	1	1/36,868	—
1968	33,591	1	1	1/33,591	—
TOTAL	183,113	*9	*7	1/26,159	2
<i>Ages of 4-6 weeks</i>					
1964	33,917	*4	*2	1/16,954	2
1965	34,167	3	—	nil	3
1966	34,534	3	2	1/17,267	1
1967	34,053	1	1	1/34,053	—
1968	34,006	1	—	nil	1
TOTAL	170,677	*12	*5	1/34,135	7

\* One case included in both age groups.

At the end of the year arrangements were being made, on the recommendation of the Department of Health and Social Security, to discontinue the urine test and to substitute a test which requires the taking of a blood sample for laboratory analysis.

### DISTRICT NURSING

The County Council provide a domiciliary nursing service by the direct employment of whole-time district nursing sisters and district nurses.

**Staffing.**—Details of the numbers of staff employed in 1968 and in each of the four preceding years are given in the statement below:—

	No. employed at end of year				
	1964	1965	1966	1967	1968
<i>Whole-time staff—</i>					
Nurses (general nursing only) ...	449	483	516	544	579
Nurses (general nursing and midwifery) ...	61	62	60	63	57
Nurses (general nursing, midwifery and health visiting) ...	5	5	5	6	6
Nursing auxiliaries ...	—	—	24	55	57
<i>Part-time staff—</i>					
Nurses ...	15	22	21	20	17
Nursing auxiliaries ...	—	4	9	16	13
<i>Total equivalent whole-time staff engaged in home nursing ...</i>	511	553	610	689	714

Of the 699 whole-time nurses employed on the 31st December, 1968, 476 were state registered of whom 435 or 92 per cent. were "district" trained and 166 were state enrolled nurses engaged in the main in nursing the aged and chronic sick.

**SUPERVISION OF DISTRICT NURSING STAFF.**—The establishment provides for a superintendent, a deputy superintendent, thirteen area superintendents and two tutors.

**Health Services and Public Health Act, 1968.**—Section 11 of this Act extends the powers of local health authorities by enabling them to arrange for the attendance of nurses on persons who require nursing elsewhere than in their own homes. Local authority nursing staff may attend women at health centres, or local health authority clinics or at the nurse's home, or general practitioner's surgery or elsewhere as required, thereby providing for greater flexibility in the development of nurses and promoting closer co-operation between the local authority nursing service and general practices.

**Attachment Schemes.**—The development of full attachment schemes, where the medical practitioner and district nursing sister operate as a team, has progressed satisfactorily in all divisions. Approximately 75 per cent. of the district nursing staff take part in attachment schemes.



The district nursing sister in charge of the nursing team attends the medical practitioner's surgery regularly, in some instances daily, to undertake injections and dressings of patients whom she would otherwise have to visit in their own home. She also discusses treatment and progress of patients being nursed at home. By constant contact with the general practitioners many cases come to light which require nursing care at home and arrangements are made to carry out such care.

District nursing staff cover the area of the medical practitioner in so far as it is contained in the Administrative County area.

General practitioners are pleased with the co-operation and help they are getting and there is no doubt that these schemes are to the benefit of the health service.

**Health Services Cadet Scheme.**—Due to the difficulties which are continually being experienced in recruiting attendants in homes for the aged and in mental health hostels, the County Council in November, 1966, agreed to the introduction of a cadet training scheme. The course will last for two years and during the whole of this time the cadets are required to take further education lectures. The theoretical side of the course is co-ordinated by the tutors who already carry out the training of nurses at the County Council nurses' training centre. Practical training is arranged at some of the County Council's homes for the aged and other appropriate establishments.

The course commenced in April, 1967, with ten cadets. A further ten cadets commenced in September, 1967. Since the commencement of the course, six cadets decided to withdraw, leaving fourteen cadets attending at the 31st December, 1968.

**Cases Attended.**—In the following statement particulars are given of the number of cases attended by the district nursing sisters and district nurses during 1968 together with the number of visits involved. For comparative purposes, corresponding figures for the previous four years are also given.

	1964	1965	1966	1967	1968
General nursing cases attended ... ..	45,054	45,754	50,828	56,796	65,867
No. of visits paid to these cases ... ..	1,334,775	1,358,992	1,449,994	1,694,452	1,791,045
Average No. of visits per case... ..	29.6	29.7	28.5	29.8	27.2

**Analysis of Completed Cases.**—Only on the completion of attendance upon a case can a comprehensive picture be obtained of the nursing care and treatment accorded to such a case. It is for this reason, therefore, that a statistical analysis is carried out based on the cases on which attendances ceased during each year. In 1968 these numbered 41,698 and in the table below are analysed by disease or ailment in order of frequency and by age group, and a similar but more detailed statement is given in Table 13, page 162.

Disease or ailment	Total cases	Age group (years)				
		0—	5—	15—	45—	65—
Senility and other ill-defined conditions ... ..	6,895	429	247	1,104	1,402	3,713
Anaemias and other blood diseases ... ..	4,172	4	10	835	1,022	2,301
Diseases of digestive system ... ..	3,972	129	256	917	1,008	1,662
Accidents, injuries, etc. (including burns and scalds)	3,946	443	708	987	631	1,177
Diseases of respiratory system (other than tuberculosis) ... ..	3,356	331	153	692	640	1,540
Diseases of the skin ... ..	3,181	214	381	707	641	1,238
Diseases of the central nervous system ... ..	3,061	7	9	167	615	2,263
Cancer ... ..	2,401	5	6	144	868	1,378
Diseases of the heart and circulatory system ... ..	2,267	6	8	159	604	1,490
Diseases of eye, ear and mastoid process ... ..	1,942	163	102	639	511	527
Diseases of the genito-urinary system ... ..	1,750	129	46	446	483	646
Diseases of bones and organs of movement (including rheumatism and arthritis) ... ..	1,061	5	12	94	275	675
*Infective and parasitic diseases ... ..	926	56	29	258	260	323
Diabetes... ..	476	1	8	26	114	327
Mental, psychoneurotic disorders ... ..	204	1	—	52	80	71
All other conditions ... ..	2,088	33	57	1,744	138	116
TOTAL—All conditions ... ..	41,698	1,956	2,032	8,971	9,292	19,447

\* Including tuberculosis of respiratory system.

The total number of cases upon which attendance ceased in 1968 was approximately 6,000 greater than in the previous year. The average duration of treatment of all cases declined from 14.2 weeks in 1967 to 12.2 in 1968, the lowest figure recorded since 1957, whilst the average number of visits per case, which in 1968 was 26.6, was the lowest figure recorded since 1955. These factors tend to confirm the point which became apparent in 1967, that the increase in the number of cases is as a result of the inclusion of cases seen at the doctors' surgeries in accordance with the general practitioner attachment schemes.

The following table gives details of the treatment averages in accordance with the separate diseases or ailments for each of the last five years:—

Disease or ailment	Average duration of treatment (weeks)					Average No. of visits (day and night)					Average No. of visits per case per week				
	1964	1965	1966	1967	1968	1964	1965	1966	1967	1968	1964	1965	1966	1967	1968
Tuberculosis of respiratory system ...	20·3	20·5	17·0	16·6	16·5	77·0	94·1	76·1	79·3	70·8	3·8	4·6	4·5	4·8	4·3
Other Infective and parasitic diseases	8·4	6·4	6·2	7·0	5·7	29·2	22·5	21·3	21·5	20·8	3·5	3·5	3·5	3·1	3·7
Cancer ... ..	9·4	7·3	7·7	8·1	8·9	38·8	35·7	34·2	35·4	36·0	4·1	4·9	4·4	4·4	4·0
Diabetes ... ..	34·6	30·4	31·7	32·8	29·3	193·9	166·4	177·2	159·0	150·6	5·6	5·5	5·6	4·8	5·1
Anaemias and other blood diseases	40·3	44·7	45·8	36·6	31·9	46·9	50·7	50·8	38·1	36·6	1·2	1·1	1·1	1·0	1·1
Mental, psychoneurotic disorders	19·1	12·2	16·3	9·7	10·9	31·0	24·4	29·7	25·2	19·2	1·6	2·0	1·8	2·6	1·8
Cerebral haemorrhage, cerebral embolism and thrombosis ...	13·4	12·2	11·6	13·2	14·3	38·7	34·8	37·7	36·6	38·0	2·9	2·8	3·3	2·8	2·7
Other diseases of central nervous system	25·9	26·2	28·1	22·9	23·1	66·5	65·9	65·4	58·6	54·1	2·6	2·5	2·3	2·6	2·3
Diseases of eye, ear and mastoid process ... ..	6·5	8·8	4·7	2·1	1·3	26·6	33·9	18·7	8·5	5·1	4·1	3·9	3·9	4·0	3·9
Diseases of heart and circulatory system ... ..	19·4	20·8	22·1	17·9	17·4	43·1	43·6	47·7	39·9	40·3	2·2	2·1	2·2	2·2	2·3
Influenza ... ..	4·2	4·2	2·6	6·8	3·1	11·8	12·2	10·3	12·7	12·0	2·8	2·9	3·9	1·9	3·9
Pneumonia ... ..	5·1	3·9	4·2	2·6	3·9	19·0	19·1	18·4	12·6	15·4	3·8	4·9	4·4	4·9	4·0
Bronchitis ... ..	5·3	5·4	6·3	5·1	5·8	17·6	17·8	18·3	16·5	16·7	3·3	3·3	2·9	3·2	2·9
Other diseases of respiratory system	2·5	3·1	2·4	3·8	2·6	11·2	12·9	10·1	13·0	9·4	4·5	4·2	4·2	3·5	3·6
Diseases of digestive system ... ..	4·9	4·4	4·9	5·1	4·0	14·4	13·2	15·4	14·3	12·0	2·9	3·0	3·1	2·8	3·0
Diseases of genito-urinary system	30·8	25·4	34·1	22·0	18·2	25·2	22·5	26·4	22·1	20·2	0·8	0·9	0·8	1·0	1·1
Diseases of the skin ... ..	12·1	12·9	12·3	10·5	9·5	37·4	37·0	34·6	28·2	26·0	3·1	2·9	2·8	2·7	2·7
Diseases of bones and organs of movement (including rheumatism and arthritis) ... ..	33·0	32·6	33·1	33·3	30·0	81·5	65·9	66·4	64·6	60·7	2·5	2·0	2·0	1·9	2·0
Senility and ill-defined conditions	12·4	12·9	13·4	12·4	11·1	28·7	29·7	27·1	26·8	24·0	2·3	2·3	2·0	2·2	2·2
Burns and scalds ... ..	7·7	7·1	5·7	5·0	5·0	25·2	21·9	19·3	16·3	15·0	3·3	3·1	3·4	3·3	3·0
Other accidents, injuries, etc. ...	9·0	10·3	9·1	5·8	4·9	24·8	25·8	23·7	15·5	12·2	2·8	2·5	2·6	2·7	2·5
All other conditions ... ..	5·6	5·2	5·5	5·0	4·7	15·0	14·2	15·6	13·1	13·0	2·7	2·7	2·9	2·6	2·8
TOTALS—Administrative County ...	16·0	16·6	16·9	14·2	12·2	35·6	35·2	34·2	29·8	26·6	2·2	2·1	2·0	2·1	2·2

In Table 14, page 163, details are given of the duration of treatment and frequency of visits to the nursing cases, classified by ailment group, on which attendance ceased during 1968.

Below are given the agencies by which the services of the nurses were enlisted for the cases terminated in 1968.

	No. of patients	Per cent. of total
General practitioners ... ..	37,098	88·9
Hospitals ... ..	3,530	8·5
Patients, relatives or friends	522	1·3
Public health authorities ... ..	460	1·1
Others ... ..	88	0·2

The principal reasons for the cessation of the nurses' attendances on the cases under review in 1968 are summarised below. They are analysed in detail, according to disease or ailment and by health divisions and delegate districts, in Tables 14 and 15 on pages 163 and 164.

	No. of patients	Per cent. of total
Recovered, relieved or convalescent ... ..	26,062	62·5
Admitted to hospital ... ..	6,717	16·1
Died ... ..	5,045	12·1
Gone away ... ..	1,473	3·5
Out-patient, X-ray, etc. ... ..	1,268	3·0
Nurse withdrawn ... ..	978	2·3
Others ... ..	155	0·4



The statement below provides an analysis of the types and numbers of treatments which were involved in the cases upon which attendance ceased in 1968.

Nursing treatment	No. of cases	Proportion of total (per cent.)
General nursing care ... ..	8,524	20.4
General nursing care with injections ... ..	874	2.1
General nursing care with dressings and poultices ...	613	1.5
General nursing care with bladder lavage, rectal lavage, catheterisation and enemata ... ..	300	0.7
Septic dressings and poultices ... ..	2,727	6.5
Dry dressings ... ..	7,429	17.8
Burns and scalds—dressings and treatments ... ..	712	1.7
Pre-operative treatment and pre-X-ray ... ..	1,067	2.6
Blanket baths (one, twice or thrice weekly) ... ..	1,366	3.3
Douche and pessaries ... ..	230	0.6
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout ... ..	1,844	4.4
Injections (hypodermic or intramuscular) ... ..	12,730	30.5
Injections (hypodermic or intramuscular) with dressings	455	1.1
Operations ... ..	1	0.0
Eyes, ears, nose and throat treatments ... ..	1,713	4.1
Skin treatments ... ..	197	0.5
Care of patients in plaster casts and splints ... ..	57	0.1
Others ... ..	859	2.0

Treatments comprising or including injections amounted to 33.7 per cent. of the total whilst general nursing care, either alone or in conjunction with some other form of treatment, was involved in 24.7 per cent. Dressings or poultices, excluding those required for the treatment of burns, were required in 26.9 per cent. of the cases.

The growth of the work with surgery cases being undertaken by the nursing sisters occasioned by the introduction of attachment to general practitioners which was noted in 1967 has become even more pronounced in 1968. Eyes, ears, nose and throat treatments which in the years 1952-1965 never represented more than 0.9 per cent. of the total nursing treatments, in 1967 represented some 2.5 per cent. and in 1968 rose again to 4.1 per cent. of the total nursing treatments. Similarly the proportion of dry dressings, which in 1968 represented 17.8 per cent. of the total treatments, had varied between 7.7 and 12.8 per cent. during the years 1952-1965.

**Post-Certificate Training.**—During the year three training courses for state registered nurses were held at the County Council's district nurse training centre. Thirty-six County Council district nursing sisters, two district charge nurses, one area superintendent of health visitors, and five district nursing sisters from other local health authorities qualified for the certificate in district nursing.

The Queen's Institute of District Nursing decided to discontinue the award of the Queen's Certificate after the 30th June, 1968. The existing Roll will be maintained but no additions made after this date. The Minister of Health gave approval to the County Council being registered as a district nurse training authority under new arrangements intended to unify the training and examination procedures for district nurses, and a single certificate, the National Certificate in District Nursing, is now awarded to successful candidates.

The first examinations under the new arrangements took place on the 5th September, 1968. Of those who qualified during the year, fourteen County Council district nursing sisters and two from other local health authorities were enrolled as Queen's Nursing Sisters, the remainder being awarded the National Certificate in District Nursing.

During the year 30 County Council district nurses (S.E.N.) gained the Queen's Institute of District Nursing Certificate of proficiency for enrolled nurses following a ten-week training course at the County Council's nurse training centre.

The County Superintendent of district nurses and several other nursing supervisory staff attended courses organised by the Queen's Institute of District Nursing and other organisations.

Residential courses at London, Bangor and Sheffield were attended by a total of 68 County Council district nursing sisters. Twenty-eight district nurses and three charge nurses attended residential refresher courses at the William Rathbone Staff College.

Study days were held at the County Hall, Preston, on the 15th and 24th October. At the morning session on the 15th October, Mr. D. K. Burton, Principal Welfare Officer, Institute for the Adult Deaf and Dumb, Liverpool, spoke on "Communicating with the hard of hearing" and in the afternoon Dr. H. H. Sloan, General Practitioner, Accrington, spoke on "Hidden problems associated with Parkinsonism and multiple sclerosis". In the morning session of the 24th October, Mr. P. W. H. Revington, Legal Adviser, Manchester Regional Hospital Board, spoke on "The legal hazards of nursing", and in the afternoon Dr. W. A. L. McFadyen, Consultant Physician, Blackburn and District Hospital Management Committee, spoke on "The endocrine disorders and the use of steroids". The study days were attended by a total of 619 County Council nurses.

**Night Nursing Service.**—In September, 1966, the County Council agreed to provide an all night nursing service on an experimental basis for cases needing such care who suffer from illnesses other than cancer. The cancer cases are cared for by the night nursing service under the Marie Curie Memorial Foundation scheme operated by the County Council.

The cases needing this service include, for example, cardiac cases in the final stages of illness, neurological cases which cannot be admitted to hospital and patients discharged from hospital in the terminal stages of illness. Nurses undertaking this work are not on the whole-time district nursing staff of the County Council but are specially employed, being recruited on the same basis as for the Marie Curie scheme. During 1968, thirty-eight cases were attended.

**Routine Testing of Urine.**—For new patients attended by district nurses the use of Uristix strips, a simplified method of testing urine for sugar and albumin, was continued during 1968. Six hundred and forty-two tests were positive for albumin and two hundred and eighty-two showed a positive reaction to sugar in previously unknown cases. The family doctors were informed of the results.

**Motor Transport.**—At the end of 1968 motor cars were being used for official duties by 647 of the district nursing staff. The vehicles were owned in 555 cases by the nurses themselves and in 92 by the County Council.

**Housing of District Nursing Staff.**—Of the staff employed on the 31st December, 1968, 54 nurses occupied houses owned by the County Council, 30 occupied houses rented by the County Council from district councils, two occupied houses rented by the County Council from private owners and 14 rented houses direct from district councils. All the remaining nurses provided their own living accommodation.

### VACCINATION AND IMMUNISATION

Under the County Council's vaccination and immunisation schemes made under section 26 of the National Health Service Act, 1946, facilities are provided for giving protection against smallpox, poliomyelitis, diphtheria, whooping cough, tetanus and measles. For this purpose sessions are held periodically at child health centres and other suitable centres, such as schools. The sessions are normally conducted by the divisional medical staffs although arrangements do exist whereby general practitioners may be engaged on a sessional basis to supplement them as necessary. Throughout the year under report the arrangements continued whereby all medical practitioners, whether or not providing general services under Part IV of the Act, could provide service under the County Council's arrangements. Since April, 1967, general practitioners have submitted claims on the local executive councils on a prescribed form (in duplicate) in respect of the vaccination and/or immunisation of patients on their lists undertaken as part of general medical services in pursuance of public policy. The duplicate copies are transmitted to the appropriate local health authority for the purpose of maintaining records.

The vaccination and immunisation schemes of the County Council lay upon health visitors the duty of securing the presentation of children for primary vaccination and immunisation and for such subsequent reinforcement treatment as is required until school age is attained. Arrangements exist whereby systematic provision is made for administering further reinforcements as necessary during the period of school life. In the latter part of the year as a result of revised recommendations of the Joint Committee on Vaccination and Immunisation contained in a letter from the Chief Medical Officer at the Ministry of Health, the standard programme of vaccination and immunisation was amended. The revised programme adopted for use by the County Council medical staff is reproduced below.

Age	Visit	Prophylactic	Injection or dose	Interval
6 months	1	Diphtheria/tetanus/pertussis and oral poliomyelitis	1st	
8 months	2	Diphtheria/tetanus/pertussis and oral poliomyelitis	2nd	Preferably after an interval of 6-8 weeks
12-14 months	3	Diphtheria/tetanus/pertussis and oral poliomyelitis	3rd	Preferably after an interval of 6 months
15 months	4	Measles		After an interval of not less than 3-4 weeks
16 months	5	Smallpox		After an interval of not less than 3-4 weeks
5 years or school entry		Diphtheria/tetanus and oral poliomyelitis or Diphtheria/tetanus/poliomyelitis Smallpox re-vaccination		
10-13 years		B.C.G.		
15-19 years or on leaving school		Poliomyelitis (oral or inactivated) Tetanus Smallpox re-vaccination		



Whilst in appropriate cases the facilities provided by the County Council are available to adults, it should be noted that records are now maintained in respect of children under the age of 16 years only and all statistics quoted in this section are therefore limited to such children.

Arrangements under section 26 also include provision for the vaccination against anthrax of workers exposed to special risk. In addition the County Council, under section 28 of the Act, maintain a yellow fever vaccination centre and provide B.C.G. vaccination against tuberculosis. Reference to the former is made later in this section of the Report and to the latter in the section dealing with "Prevention of Illness, Care and After-Care".

Particulars of vaccinations and immunisations undertaken in 1968 under the County Council's scheme are detailed below.

**Vaccination against Smallpox.**—The following statement shows the numbers of primary vaccinations and re-vaccinations performed on children in the Administrative County during 1968 and each of the preceding four years. Similar information is given for 1968 for each health division and delegate district in Table 16, page 165. It should be noted that by reason of changes in age groups whilst the figures for 1965-68 relate to children under 16 years of age, those for 1964 are limited to children under 15 years of age and are not, therefore, strictly comparable.

Year	PRIMARY VACCINATIONS PERFORMED				RE-VACCINATIONS PERFORMED		
	Age in years				Age in years		
	Under 2	2–	5–	*Total under 16	Under 5	5–	*Total under 16
1964	11,733	1,581	647	13,961	220	678	898
1965	12,448	3,008	1,271	16,727	241	2,145	2,386
1966	14,000	5,074	3,940	23,014	261	6,213	6,474
1967	12,612	4,682	1,831	19,125	202	1,938	2,140
1968	11,991	5,855	1,622	19,468	199	1,504	1,703

\*For year 1964, total under 15 years.

It will be seen from the above table that although the number of primary vaccinations performed increased in total, the figures in the age groups "under two years" and "5-15" declined and this is reflected in the acceptance rate of infant vaccination which fell from 30 per cent. of those estimated to be eligible in 1967 to 29 per cent. in 1968.

No cases were reported during 1968 of vaccination with which there occurred generalised vaccinia, post-vaccinal encephalomyelitis or death from any other complication of vaccination.

**Vaccination against Yellow Fever.**—The County Council's yellow fever vaccination centre at the Ashton Road Clinic, Lancaster, continued to operate during the year in providing vaccination for persons proceeding abroad. In accordance with arrangements of the Department of Health and Social Security, a charge for the vaccination is made and an international certificate for production in countries other than the United Kingdom is supplied to each person vaccinated.

During the year 1968 the following persons were vaccinated at the centre:—

Children under nine months...	...	...	nil
Children over nine months	...	...	35
Adults	...	...	248
TOTAL			283

Of the 283 persons vaccinated, 230 were residents of Lancashire, 43 from Westmorland, five from Yorkshire and five from other areas.

Immunisation against Poliomyelitis, Diphtheria, Whooping Cough, Tetanus and Measles.—  
Below is given a summary, by types of antigen used, of the numbers of children in specified age groups who completed a full course of primary immunisation or were given a reinforcement dose in the Administrative County area during 1968.

Antigen used	Primary immunisations							Reinforcement doses			
	(a)	Under 1	1–	2–	4–	8–	Total— under 16	Under 4	4–	8–	Total— under 16
	(b)	1968	1967	1965 –66	1961 –64	1953 –60	1953 –68	1965 –68	1961 –64	1953 –60	1953 –68
Poliomyelitis only ...		7,436	22,171	3,905	2,723	895	37,130	3,643	25,395	6,782	35,820
Diphtheria only ...		1	15	6	27	45	94	13	438	523	974
Whooping cough only ...		—	2	—	1	2	5	—	—	—	—
Tetanus only ...		9	7	22	115	692	845	41	190	618	849
*Measles only ...		226	4,537	9,747	15,733	667	30,910	—	—	—	—
Diphtheria and whooping cough (combined)...		70	38	8	10	5	131	69	41	7	117
Diphtheria, whooping cough and tetanus (combined) ...		11,692	17,670	2,026	826	156	32,370	13,257	3,015	370	16,642
Diphtheria, whooping cough, tetanus and poliomyelitis (combined) ...		18	10	3	1	—	32	5	1	—	6
Diphtheria and tetanus (combined)		459	856	400	1,726	960	4,401	4,131	24,818	9,975	38,924

(a) Age, in years, at end of 1968. (b) Year of birth. \* From May, 1968 only.

As the numbers of children afforded protection against each disease are not readily ascertainable from the above table they are shown separately in the following tables together with the corresponding totals for each of the previous four years. As indicated earlier in regard to smallpox vaccination the totals for 1965 to 1968 relate to children under 16 years of age whilst those for 1964 are limited to children under 15 years.

Poliomyelitis Vaccination

Year	Primary vaccinations completed (by age, in years, at end of year)						Reinforcement doses given (by age, in years, at end of year)			
	Under 1	1–	2–	4–	8–	*Total under 16	Under 4	4–	8–	*Total under 16
1964	4,317	20,600	5,717	3,581		34,215	2,101	22,641		24,742
1965	6,398	24,907	9,201	7,741	7,443	55,690	2,367	32,568	32,071	67,006
1966	6,029	20,893	4,157	5,635	9,633	46,347	1,397	18,182	10,029	29,608
1967	7,476	21,358	3,473	2,490	1,116	35,913	2,173	20,505	4,089	26,767
1968	7,454	22,181	3,908	2,724	895	37,162	3,648	25,396	6,782	35,826

\* For year 1964, total under 15 years.

Diphtheria Immunisation

Year	No. who completed a full course of primary immunisation (by age, in years, at end of year)						No. who were given a reinforcement injection (by age, in years, at end of year)			
	Under 1	1–	2–	4–	8–	*Total under 16	Under 4	4–	8–	*Total under 16
1964	13,728	16,346	2,536	3,362		35,972	9,701	33,237		42,938
1965	13,056	16,990	2,397	2,211	822	35,476	11,772	20,401	10,399	42,572
1966	13,006	17,744	2,492	2,781	1,088	37,111	13,621	22,959	11,391	47,971
1967	13,902	17,687	2,171	2,629	1,106	37,495	15,609	25,854	12,298	53,761
1968	12,240	18,589	2,443	2,590	1,166	37,028	17,475	28,313	10,875	56,663

\* For year 1964, total under 15 years.



## Whooping Cough Immunisation

Year	No. who completed a full course of primary immunisation (by age, in years, at end of year)						No. who were given a reinforcement injection (by age, in years, at end of year)			
	Under 1	1-	2-	4-	8-	*Total under 16	Under 4	4-	8-	*Total under 16
1964	13,495	16,040	2,323	844		30,702	8,777	4,178		12,955
1965	12,849	16,664	2,113	701	148	32,475	9,701	2,213	429	12,343
1966	12,684	17,301	2,231	867	188	33,271	11,065	2,436	348	13,849
1967	13,417	16,979	1,878	773	232	33,279	12,011	2,314	303	14,628
1968	11,780	17,720	2,037	838	163	32,538	13,331	3,057	377	16,765

\* For year 1964, total under 15 years.

**MEASLES IMMUNISATION.**—The scope of vaccination and immunisation was extended early in May with the introduction, at the request of the then Ministry of Health, of protection against measles for all susceptible children between four and seven years of age and for those between their first and seventh birthdays who were attending day nurseries and nursery schools or living in residential establishments. It was subsequently extended to include all susceptible children under 16 years of age and up to the 31st December, 1968, 30,910 children had been given protection against the disease.

Corresponding particulars of immunisations against poliomyelitis, diphtheria, whooping cough and measles during 1968 are given by health divisions and delegate districts in Tables 17—20, pages 166 to 169 together with the numbers of primary immunisations and reinforcements performed by general practitioners in the course of private practice.

**TETANUS IMMUNISATION.**—Provision for protection against tetanus is included in the County Council's immunisation scheme and in the great majority of cases is given by means of the triple antigen incorporating protection also against diphtheria and whooping cough. A statement of the numbers of immunisations performed with the different antigens is given earlier in this section of the Report. In all, 37,648 children under 16 years of age at the end of the year were immunised against tetanus, 30,721 of them being under two years of age. In addition, 56,421 reinforcement injections were given.

**Immunisation and Vaccination.**—PERCENTAGES VACCINATED AS AT 31ST DECEMBER, 1968.—In the following table indices of acceptance of vaccination against the diseases specified are given as at the 31st December, 1968, for each health division and delegate district and for the Administrative County as a whole. Comparative figures for the Administrative County for the four previous years are also given.

	Percentages vaccinated			
	Smallpox	Poliomyelitis	Whooping cough	Diphtheria
	*Under 2 years	†Born in previous year	†Born in previous year	†Born in previous year
Health Division No.—				
1	48	89	87	89
2	40	72	74	80
3	38	81	74	80
4	36	72	80	82
5	20	69	72	75
6	28	84	84	85
7	38	75	80	81
8	30	80	83	85
9	33	67	65	70
10	28	77	82	83
11	24	70	73	76
12	24	73	83	85
13	24	62	64	69
14	21	69	77	79
15	21	75	80	84
16	38	94	82	99
17	10	57	67	71
Delegate District—				
Crosby M.B.	36	58	65	66
Huyton-with-Roby U.D.	22	48	48	49
Middleton M.B.	24	57	68	71
Stretford M.B.	31	59	66	67
Administrative County—				
1968	29	71	74	78
1967	30	65	70	73
1966	33	65	72	73
1965	29	68	70	71
1964	28	58	68	69

\* Children vaccinated during year at ages under two years, as percentage of live births during previous year.

† Children born in previous year and vaccinated at any time, as percentage of live births during that year.

The percentage for England and Wales comparable with those quoted in the table for 1968 were:—Smallpox 38, Poliomyelitis 74, Whooping Cough 76 and Diphtheria 78.

AMBULANCE SERVICE

**Radio Communication Scheme.**—The initial installation of radio equipment throughout the County ambulance service was completed in June, 1959, but due to local circumstances there are still one or two areas remaining where the deployment of vehicles is undertaken on a local basis rather than by control centres and at the 31st December, 1968, four stations still had telephone watches. As the S.T.D. network now covers those parts of the County area in which the four remaining telephone watch stations are situated, thereby reducing the cost of telephone calls to the control centres, it is hoped in the near future to incorporate the stations into the general control pattern.

Details of the five radio control areas, into which the County is divided, together with the location of the transmitter sites and control centres are given below.

Area No.	Health divisions covered	Fixed remote station site	Control centre
1	Parts of Divisions 1 and 2 plus the whole of Divisions 3 and 4 ... ..	Barnacre ...	Broughton House
2	Divisions 5 and 6 and parts of Divisions 12 and 13 ... ..	Hameldon ...	Accrington
3	Divisions 7, 8, 9 and 10 ... ..	Billinge Beacon	Whiston
4	Divisions 11, 15 and 16 ... ..	Winter Hill ...	Swinton
5	Divisions 14, 17 and parts of Divisions 12 and 13 ... ..	Hebers ...	Whitefield

The radio equipment in use at the 31st December, 1968, was as follows:—

Fitted to:—				Mobile sets	*Installation parts
Operational vehicles	...			225	225
Reserve vehicles	...	...		5	60
H.Q. stores van	...	...		1	1
Supervisory cars	...	...		6	6
Major disaster vehicle	...			1	1
In reserve, at wireless workshops, etc.	...	...		25	34
				263	327

\*Fixed equipment, e.g., aerials, cradles, etc.

The radio telephone link between emergency vehicles conveying patients to Preston Royal Infirmary and the casualty department of this hospital, which was installed in 1964 continues to be most successful and during 1968 discussions took place with other hospitals regarding the provision of similar links.

**REPLACEMENT OF RADIO EQUIPMENT.**—It was agreed by the Health Committee in 1966 that a programme to replace the existing radio equipment, which was at that time over ten years old, costly to maintain and no longer conformed to the G.P.O. requirements, should be undertaken and phased over a period of two years. In accordance with this programme, delivery of mobile sets began towards the end of 1967 and by the end of 1968 installation of this type of equipment was virtually complete. Although the main station equipment had been delivered by the end of the year, the necessary testing and installation had not been completed.

**Ground Communications.**—**PRIVATE TELEPHONE NETWORK.**—At the end of 1968, forty-two of the 46 County ambulance stations were linked together by the private telephone network, and two of the four stations not connected into the network linked to an adjacent main station by a private wire.

**TELEPHONE ANSWERING MACHINES.**—The telephone answering machines installed at each of the five control centres continue to be used and consideration was given during the year to the installation at Broughton control of a device to record all emergency calls as they are received, but due to financial restrictions its installation has been deferred.

**COMMUNICATION WITH HOSPITALS.**—A number of the larger hospitals in the County are connected to either the control centres or ambulance stations by private wire. At the end of 1968 there were eight hospitals with this facility and transport officers on the staff of the County ambulance service were stationed at five of them. Because of the mutual responsibility of the hospitals and ambulance service in the removal of cases, the principle has been accepted whereby the hospital authorities and the County Council share the cost of these lines equally.

In addition to the foregoing eight private wires, Whiston control is linked to Whiston Hospital by an extension from the hospital's switchboard.



**Agency Arrangements.**—Whilst in the interests of efficiency and economy a direct service is provided wherever practicable, the following parts of the Administrative County were, at the 31st December, 1968, still served by agency agreements with the authorities indicated:—

Agency	Area served								Estimated population, 1968
Westmorland C.C. ...	North Lonsdale R.D. (part)—(Skelwith; Hawkshead; Claife)								1,340
Blackburn C.B.C. ...	Blackburn R.D. (part)—(Livesey; Pleasington; Mellor; Ramsgreave; Balderstone; Osbaldeston; Clayton-le-Dale; Salesbury; Wilpshire; Dinckley) ... ..								12,080
	Preston R.D. (part)—Samlesbury (part) ... ..								
Burnley C.B.C. ... (Emergency service only)	Burnley R.D. (part)—(Worsthorne; Cliviger; Habergham Eaves; Dunnockshaw) ... ..								—
Bolton C.B.C. ...	Turton U.D. ... ..								19,430

**The Construction (Health and Welfare) Regulations, 1966.**—During the year notifications were received from contractors in respect of 34 sites in the Administrative County area.

When such notifications are received, arrangements are made for the supervisory assistants to visit the sites concerned and discuss with contractors the arrangements for summoning an ambulance if required and also to ascertain the precise locations of the sites and the most suitable means of access for ambulances.

The information is then notified to the control centres and ambulance stations concerned to ensure that if an emergency call is received, no delay will arise in reaching the scene of the accident.

**Vehicles.**—In addition to control of the fleet of ambulances and dual purpose vehicles the ambulance service is also responsible for the vehicles operated by other services administered by the health department, *i.e.*, nursing, domiciliary midwifery, welfare, mental health, health education, etc.

The establishment and strength of vehicles operated by all services administered by the health department at the 31st December, 1968, were as follows:—

Service	Authorised establishment						Vehicle strength	
Ambulance ... ..	...	...	...	...	300	...	...	303
District nursing ... ..	...	...	...	...	144	...	...	138
Domiciliary midwifery ... ..	...	...	...	...	23	...	...	23
Welfare ... ..	...	...	...	...	8	...	...	8
Health education ... ..	...	...	...	...	8	...	...	8
Divisional transport ... ..	...	...	...	...	14	...	...	14
Health Department (Admin.) ... ..	...	...	...	...	2	...	...	2
					<hr/> 499	...	...	<hr/> 496

Of the 499 vehicles operated by the health department, 303 belonged to the ambulance service fleet comprising the following types of vehicle:—

**Ambulances—**

One fixed stretcher with loading gear and an adaptable seat unit for six patients or a second stretcher ... ..	118
Two adaptable seat/stretcher bed units for two stretchers (carry-in load) or twelve sitting patients ... ..	33
Experimental ambulance with one Fernoflex cot and a multi-posture trolley ...	1
Major incident control vehicles ... ..	2
Multi-purpose Land Rover ambulances ... ..	2

**Dual-purpose ambulances—**

Ten seats and capable of adaptation to one stretcher and four seats ... ..	2
Eight seats and capable of adaptation to one stretcher and two seats ... ..	142
Long distance dual-purpose ambulances ... ..	2
Stores collection and delivery van ... ..	1
<b>TOTAL</b> ... ..	<u>303</u>

The average age of stretcher carrying ambulances at the 31st December, 1968, was 5·2 years and that of dual-purpose ambulances 1·5 years.

**VEHICLE MILEAGES.**—The gross mileage (*i.e.*, both operational and non-operational) of the ambulance service fleet in 1968 was 5,411,845—for the sixth successive year the highest total on record. It represented an increase of 124,603 or 2·4 per cent. over that for 1967. Details of the gross mileages in 1968 and each of the preceding ten years are as follows:—

Year	Total annual mileage				Increase or decrease on previous year (per cent.)
	Ambulances	Dual purpose vehicles	Sitting ease cars	Total	
1958	2,359,527	660,786	1,320,234	4,340,547	— 2·8
1959	2,419,107	890,897	1,213,644	4,523,648	+ 4·2
1960	2,574,418	1,182,384	968,834	4,725,636	+ 4·5
1961	2,525,350	1,327,180	716,122	4,568,652	— 3·3
1962	2,484,161	1,533,360	620,343	4,637,864	+ 1·5
1963	2,641,971	1,766,815	372,548	4,781,334	+ 3·1
1964	2,745,641	1,837,994	318,769	4,902,404	+ 2·5
1965	2,807,146	1,860,342	304,696	4,972,184	+ 1·4
1966	2,931,188	2,029,578	170,710	5,131,476	+ 3·2
1967	3,000,826	2,254,781	31,635	5,287,242	+ 3·0
1968	3,073,322	2,338,523	—	5,411,845	+ 2·4

**DEVELOPMENT AND PURCHASE OF NEW VEHICLES.**—In May, 1968, the Minister of Health commended to local authorities the recommendations of Part 2 of the Working Party Report on Ambulance Training and Equipment with the exception of certain items awaiting centrally co-ordinated action.

The report considered matters relating to the design of vehicles and the equipment they should carry and whilst a recommendation with regard to the design and development of a more suitable ambulance chassis stood referred to the proposed Ambulance Services Advisory Council it was possible to consider the use of trolleys instead of stretcher gear. To this end an existing ambulance was adapted to carry a patent ambulance cot and a multi-posture trolley and put into operational service to obtain the reactions of crews. Stretcher trolleys were subsequently specified in a contract for 35 new ambulances.

Also in the light of the recommendations of the report, two ex-Civil Defence control vehicles were purchased for conversion into ambulance control vehicles for use at major incidents. Each vehicle is equipped with desks, radio communication equipment, large supplies of stretchers, blankets and first-aid dressings, and one is to be stationed at Ambulance headquarters and the other at Swinton control.

Two ex-Civil Defence Land Rovers were also acquired for conversion into cross-country ambulances for use in the remote parts of the County area.

**HEALTH SERVICE MOTOR VEHICLES.**—Of the 196 vehicles, other than ambulance service vehicles, operated by the various health and welfare services at the end of the year, 161 were mini vans for the official use of district nursing and midwifery sisters. During 1968 the mini vans ran a total of 743,898 miles for official purposes, a decrease of 37,839 compared with the corresponding total for the previous year.

**DIVISIONAL TRANSPORT SCHEME.**—The development of this pool of transport continued during 1968, and by the end of the year 14 vehicles were available for use within the health divisions.

**Staff.**—The following table shows the approved establishment of operational and control room staffs together with the number employed on the 31st December, 1968.

	Approved establishment		Employed at 31st December, 1968	
Operational staff (including station officers)	...	797	...	787
Control room staff:—				
Senior controllers	...	5	...	5
Controllers	...	25	...	25
Assistant controllers	...	20	...	20
Control room assistants	...	21	...	22

Since the previous review of the establishment in April, 1966, had set the total operational staff at 773, it had been found that the establishment was not adequate to deal with the general increase in the demands on the service, and a considerable volume of regular overtime was necessary. A revised establishment approved by the County Council in March, 1968, increased the authorised number of staff by 24 to 797.



**APPOINTMENT OF OPERATIONAL STAFF.**—Since 1961, it has been the policy of the County Council to recruit younger personnel to compensate for the high proportion of staff in the upper age groups.

During 1968, this policy was continued, and although the situation has improved in relation to earlier years, it is felt that because of the progression of staff into the higher age groups and because a high proportion of resignations are received from staff in the lower age groups, no further significant improvement in the present age structure is likely but the position will be kept under review.

**TRAINING.**—No changes were made in the training programme during the year, and the conditions governing the payment of proficiency allowances remain as follows:—

*First-aid payment of 13s. 4d. per week.*

First-aid examination to be taken biennially.

*Extended training allowance of 6s. 0d. per week.*

First Aid examination to be taken annually.

The examination of the Royal Life Saving Society on resuscitation to be taken annually.

Lectures on infectious diseases, co-ordination with the police and district nursing to be attended biennially.

A lecture on sudden childbirth to be attended once only.

**Ambulance Service Training School.**—The Ambulance Service Training School opened at the Ambulance Headquarters, Broughton on the 6th November, 1967. During 1968, five courses of six weeks duration were held and on each course 20 students attended.

Of the 100 students who attended 87 were members of the Lancashire County Council ambulance staff and 13 were employed by Lancashire County Boroughs. All students completed the course satisfactorily.

**Institute of Certified Ambulance Personnel.**—During 1968, twenty-six members of the ambulance service staff were granted financial assistance towards the cost of taking the course and examinations of the Institute of Certified Ambulance Personnel. All will sit the examinations in April, 1969.

**County Council Ambulance Service Corps—St. John Ambulance Brigade.**—The ambulance service is embodied as a Corps of the St. John Ambulance Brigade and on the 31st December, 1968, the strength of the Corps was as follows:—

Corps officers	Divisional officers	Other ranks	Total
1	56	648	705

**EFFICIENCY COMPETITION.**—The competition for the Alderman Lord Trophy for the year 1967/68 was won by Health Division No. 16. Second place was gained by Health Division No. 5 and third by Health Division No. 15.

**NATIONAL SAFE DRIVING COMPETITION.**—All eligible staff of the County ambulance service took part in the National Safe Driving Competition for 1968 and of the 728 drivers entered, awards were made to 562.

**NATIONAL AMBULANCE SERVICE COMPETITION.**—A team was entered in this competition which was accorded approval by the Ministry of Health and is designed to encourage ambulance staffs to maintain a high standard of efficiency.

The area competition for the "Geere Cup" presented by Alderman J. W. Geere, J.P., was won by the Crosby team which went forward into the regional competition gaining fifth place out of a total of twelve entrants.

**Premises.**—The number of ambulance stations in use at the 31st December, 1968, was as follows:—

Main stations at radio control centres	...	...	...	...	5
Main stations (full time service with 24 hour telephone watch)	...				4
Depots (full time service without telephone watch)	...	...			33
Garages (day or alternating shift service only without telephone watch)	...	...	...	...	4
					<hr/> 46 <hr/>

During 1968, two new ambulance stations were completed. The Wesham station which became operational on the 22nd January, 1968, replaced the previous accommodation in the Wesham fire station, whilst the Formby station, operational on the 17th June, 1968, was built to cater for the needs of Formby and district.

**Service Statistics.**—The cases dealt with by the County ambulance service fall into three broad groups and in the table below the case totals for the past five years are analysed accordingly:—

Year	Section 27 cases			Cases chargeable to other departments of the County Council	Total cases
	* Emergency	† Non-urgent	Total		
1964	56,734	870,925	927,659	52,808	980,467
1965	57,365	870,453	927,818	55,073	982,891
1966	58,148	883,721	941,869	58,960	1,000,829
1967	61,414	928,691	990,105	56,724	1,046,829
1968	62,736	945,346	1,008,082	47,290	1,055,372

\* Includes National Coal Board cases. † Excludes certain day care cases transported by taxi.

The above table indicates that there has been an increase in the total number of cases conveyed under the provisions of section 27 of the National Health Service Act, 1946, which is mainly the result of a further increase in the number of non-urgent removals. With the exception of the year 1965 when there was a slight decrease, the demand on the ambulance service for conveyance of general treatment cases has risen steadily since the year 1957.

With regard to emergency cases a further rise of 2·2 per cent. took place in 1968 as compared with 5·6 per cent. in the previous year, and this was mainly attributable to an increase in the number of sudden illness cases. There was again a reduction in road accidents in 1968 of 4·4 per cent. compared with the previous year.

In addition to dealing with the above-mentioned cases, certain journeys were made which, whilst of an emergency nature were strictly not "emergency cases" under section 27 of the Act, namely (a) emergency transport of midwives, doctors, medical specimens, etc., and (b) journeys where it was found that a vehicle was not required. During the year under review, 5,238 such journeys were made and these are not included in the total of 62,736 cases given in the table.

The response to emergency calls for the County as a whole was very satisfactory, the average time taken to reach the scene of an emergency from the time of receipt of call being 7·6 minutes, the highest station average being 13·4 minutes and the lowest 4·7 minutes. Journeys to hospital averaged 23·2 minutes from the time of call, the highest station average being 55·5 minutes and the lowest 18·1 minutes. This highest station average is in respect of Grange-over-Sands ambulance station, where emergency cases have usually to be taken a considerable distance to hospital.

Regarding cases moved on behalf of other departments of the County Council, *i.e.*, outside the provisions of section 27 of the National Health Service Act, a decrease equivalent to 16·6 per cent., took place during the year. This was mainly accounted for by a reduction in the number of cases moved on behalf of welfare services, an increasing number of which were conveyed in the specially adapted coaches attached to health divisions.

A summary of the average time factor in dealing with emergency calls over the last five years is reproduced below:—

Year	Number of journeys	Average time taken to reach case (mins.)	Average time taken to reach hospital (mins.)
1964 ... ..	53,924	8·0	23·1
1965 ... ..	54,268	7·8	22·9
1966 ... ..	55,115	7·7	22·9
1967 ... ..	58,400	7·7	23·1
1968 ... ..	59,843	7·6	23·2

The numbers of cases moved per 1,000 population served during each of the last five years were as follows:—

Type of case	1964	1965	1966	1967	1968
Emergency ...	25·4	25·0	24·9	26·0	26·2
Non-urgent ...	414·1	402·8	403·6	416·7	414·4
TOTAL ... ..	439·5	427·8	428·5	442·7	440·6



In the following table the patients carried during 1968 are analysed according to type. Recumbent cases are those requiring a stretcher, sitting I cases are patients able to travel with the help of one attendant only and sitting II cases are those requiring the assistance of two attendants.

Type	Proportion (per cent.) of—		
	Emergency	Non-urgent	Total cases
Recumbent... ..	61	8	11
Sitting I ... ..	29	74	72
Sitting II ... ..	10	18	17

LONG DISTANCE SERVICE.—The table below gives particulars of the work of the headquarters long distance service during each of the five years 1964-68:—

Year	Cases moved			Case mileage (road journeys only)
	By road	By rail	Total	
1964	4,446	1,125	5,571	149,146
1965	4,809	979	5,788	170,948
1966	5,172	818	5,990	219,968
1967	5,367	866	6,233	220,878
1968	5,921	588	6,509	249,556

In addition, long distance road journeys were made by vehicles from the Accrington, Whiston, Swinton and Whitefield areas and these are summarised below:—

<i>Radio Control Area</i>	<i>Patients moved</i>	<i>Mileage</i>
Accrington	142	3,415
Whiston	224	6,739
Swinton	337	6,659
Whitefield	788	25,381

The total number of long distance patients moved by road during 1968 amounted to 7,412 and involved a mileage of 291,750. With regard to the 588 rail journeys, the ambulance service was required to pay the cost of the patient's fare on 355 occasions. In every case, however, arrangements for the journey, including the reservation of seats and the reception of patients at rail termini, were made by the ambulance service. Most of the patients travelling by rail were accompanied by a relative or friend but ambulance service escorts were provided on nine occasions. In addition, the County Council is indebted to the British Red Cross Society, which rendered valuable assistance by providing escorts on 62 journeys.

It will be noted that recent years have shown a decrease in the use of rail transport. This is attributable to the curtailment of railway services, the growing use of diesel and similar stock, which has greatly reduced the availability of reserved compartments and more recently to the introduction of substantial charges for the reservation of compartments. In consequence, it is becoming necessary to revert to road transport for a growing number of journeys, particularly where stretcher patients are concerned.

It should also be appreciated that a proportion of the work of the long distance service relates to intra-county removals, *i.e.*, patients from the County area who require transport to hospitals within the geographical County, but who are situated some considerable distance from those hospitals. Whenever it is possible to co-ordinate a number of such journeys, the use of rail transport is uneconomical. In many cases, however, subject to the consent of the doctor or hospital in charge of the patient, and providing a reasonable train service is available, combined rail and road transport is used.

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957.—Under the provisions of the above-mentioned Act, ambulance authorities are empowered to undertake duties, on a chargeable basis, which do not fall within the scope of section 27 of the National Health Service Act, 1946. The duties include the provision of stand-by cover at sports meetings and other large gatherings of public bodies, the conveyance of private individuals for holidays, and certain house-to-house removals of a temporary nature, etc. The provision of such facilities is, of course, made only in cases where the necessary arrangements can be carried out without prejudice to the normal running of the County ambulance service.

In this connection, vehicles from County ambulance stations were in attendance at sporting or race meetings on 51 days during the year.

**OPERATIONAL MILEAGE.**—The following table shows the operational mileage run by the ambulance service during the last five years. The expression “operational mileage” includes the total mileage covered in respect of (a) cases conveyed under section 27 of the Act, (b) chargeable journeys undertaken on behalf of other County services and (c) certain special journeys referred to earlier which were outside the scope of section 27, but does not include “dead” mileage run for maintenance and similar purposes.

Year	Total operational mileage	Section 27 cases	
		Mileage	Average miles per case
1964	4,847,902	4,676,592	5.04
1965	4,914,057	4,738,605	5.11
1966	5,069,035	4,882,236	5.18
1967	5,219,280	5,023,434	5.07
1968	5,332,042	5,144,964	5.10

With regard to journeys undertaken on behalf of other County services, particulars for each of the last five years are given below. The mileage run on behalf of the National Coal Board and chargeable to that authority is also shown for record purposes although both mileage and cases dealt with are included in the above statistics as removals under section 27.

Service	Mileage				
	1964	1965	1966	1967	1968
Mental health ... ..	27,386	36,018	34,095	35,225	33,635
Nursing ... ..	14,048	12,226	17,779	23,011	17,456
School health ... ..	18,401	15,226	15,359	16,559	20,206
Welfare ... ..	89,757	89,052	95,267	93,746	88,820
Coroner's ... ..	234	270	210	262	245
Education ... ..	12	—	—	—	—
<b>TOTAL—Other County services</b>	<b>149,838</b>	<b>152,792</b>	<b>162,710</b>	<b>168,803</b>	<b>160,362</b>
National Coal Board ... ..	15,845	14,134	11,704	10,027	7,177

**Civil Defence—Ambulance Service Reserve.**—Reference was made in last year's report to the reorganisation of the Civil Defence Corps which created from the former Ambulance and First-Aid Section, the Ambulance Service Reserve. During 1968 in accordance with government policy this reserve was run down and placed on a care and maintenance basis.

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The functions of the County Council relating to the prevention of illness and the care and after-care of sick persons are carried out in accordance with schemes made under Part III of the National Health Service Act, 1946, and approved by the then Minister of Health. So far as the Municipal Boroughs of Crosby, Middleton and Stretford and the Urban District of Huyton-with-Roby are concerned, however, these functions, excepting those concerned with the care and after-care in residential accommodation of persons suffering from mental illness, have been delegated to the councils of those districts.

**Tuberculosis.**—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies. Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Council; and the local health authorities are charged with prevention, care and after-care.

The work formerly done by the tuberculosis visitors is becoming integrated with the work of the general health visitors as the tuberculosis visitors retire or resign and only 15 tuberculosis visitors are now employed (see page 60, Health Visiting). It is the policy of the Regional Hospital Boards to move chest clinics to hospital out-patient departments and to employ hospital staff for the purely clinic duties. Where this is done, the tuberculosis visitors are able to devote their full time to the local health authority's duties. The chest physicians of the Regional Boards devote the major proportion of their time to work for the Regional Boards in the clinics and hospitals but spend a part of their time on duties on behalf of the local health authority advising on the problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's staff. During 1968 the chest physicians, on behalf of the local health authority, carried out 289 home visits to new patients and contacts and 262 home visits to old cases and contacts. Tuberculosis visitors and health visitors made 16,565 visits to cases and 20,991 visits to contacts. The number of tuberculous households visited was 8,326.



The following extra facilities are also available for tuberculous patients:—

*Extra nourishment.*—The Department of Health and Social Security make cash grants for the purchase of extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Department, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge and 316 cases received assistance during the year.

*Extra beds and bedding.*—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

*Nursing equipment.*—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

*Medical requisites.*—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks, cups with wax refills and pillow cases.

*Home help.*—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination. They are given instructions on the precautions they should take when working at the homes of such cases.

**MASS RADIOGRAPHY.**—Mass radiography units operated by the Manchester and Liverpool Regional Hospital Boards have visited a number of districts both in the County area and in County Boroughs at which County residents have been able to attend.

**VACCINATION AGAINST TUBERCULOSIS.**—*Contacts.*—B.C.G. vaccinations of suitable contacts of cases of tuberculosis infection are carried out by chest physicians on behalf of the County Council. The following statement shows the numbers of such persons examined and tested for suitability for B.C.G. vaccination and the numbers actually vaccinated during the last five years:—

	1964	1965	1966	1967	1968
Number of persons tested for suitability for B.C.G. vaccination...	2,726	2,228	2,487	2,504	2,347
Number of persons vaccinated	2,396	2,309	2,501	2,525	2,330

*School children.*—The County Council's proposals under section 28 of the National Health Service Act provide for B.C.G. vaccination to be offered to (i) school children who are approaching 13 years of age or are older and (ii) students attending universities, teacher training colleges or other establishments of further education.

During 1961 the Minister approved an extension of this scheme so that at the discretion of the local health authority B.C.G. vaccination may be offered to school children aged ten years or more. It is not expected that any general extension on these lines will be necessary but it will enable appropriate steps to be taken immediately in any area where the need for early B.C.G. vaccination might arise.

The following table summarises the results of B.C.G. vaccination programmes completed at schools during 1968 and the previous four years and similar information for each health division and delegate district for 1968 is given in Table 21, page 170.

Year	No. of schools	No. of parents' consent forms				No. of children					
		Sent to parents	Returned			Tuberculin test performed	Tuberculin test positive		Tuberculin test negative		Vaccinated with B.C.G.
			Refused	Consented			No.	% of tests read	No.	% of tests read	
				No.	% of forms sent						
1964 ...	257	27,542	5,142	20,064	72.8	18,911	3,092	16.8	15,351	83.2	15,055
1965 ...	222	23,924	4,538	18,130	75.8	17,142	2,307	13.9	14,334	86.1	14,021
1966 ...	232	26,256	4,375	20,693	78.8	19,225	2,485	13.3	16,132	86.7	15,883
1967 ...	221	24,981	3,992	19,615	78.5	18,201	2,105	12.0	15,417	88.0	15,298
1968 ...	229	28,855	4,027	23,450	81.3	21,467	2,485	11.9	18,455	88.1	18,183

The County Council's proposals under section 28 also enable the County Council to provide for the boarding out or, where necessary, placing in suitable institutions of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing segregation on account of B.C.G. vaccination.

**PROTECTION OF CHILDREN FROM TUBERCULOSIS.**—The Secretary of State for the Home Department and the Minister of Health issued recommendations regarding the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis and authorities are recommended to act in accordance with the following advice:—

*Candidates for Employment—*

- (i) A candidate for employment which involves close contact with groups of children should not be engaged without a medical examination, including an X-ray examination of the chest.
- (ii) A candidate for such employment who is found to be suffering or have suffered from respiratory tuberculosis including pleural effusion should not be engaged unless and until the physician responsible for his treatment certifies that he is free from the risk of conveying infection.

*All staff—*

- (iii) All persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest at three year intervals. The Medical Officer of Health or some other responsible medical officer should, however, be enabled to require at his discretion more frequent X-ray examinations in any circumstances which in his view make this advisable.
- (iv) If a person while thus employed is found to be suffering from respiratory tuberculosis, including pleural effusion, all contact with the children should at once cease and not be resumed until a medical certificate has been furnished stating that in the opinion of the physician responsible for his treatment he is free from the risk of conveying infection. The person should not be permitted to resume duty until a satisfactory medical certificate has been received. Subsequent certificates should be provided at three-monthly intervals during his first year of resumed service, and thereafter at six-monthly intervals as long as the physician considers it necessary.
- (v) If a case of respiratory or non-respiratory tuberculosis occurs in an organised group of children and the source of infection cannot be identified elsewhere, a full investigation of all people regularly in contact with the children should at once be undertaken.

The County Council have adopted the recommendations and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health, Education or Children's Committees. The following is a list of the types of personnel who are included in these arrangements:—

Assistant divisional medical officers.	District midwives.
District nurses.	Health visitors/school nurses.
Tuberculosis visitors.	Supervisory nursing staff.
Clinic clerks.	Lay health assistants.
Home helps attending sputum positive tubercular cases.	Day nursery staff (including students).
Mental health training centre staffs.	Part III accommodation—attendants.
Special schools—all staff except gardeners.	Dental officers.
Dental attendants.	Educational psychologists.
Home teachers (school health service).	Peripatetic teachers of the deaf.
Physiotherapists.	Psychiatric social workers.
Speech therapists.	Orthoptists.
Children's hostels (Children's Committee)—all staff including domestics.	Residential nurseries (Children's Committee)—all staff including domestics.
Registered nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.	Registered child minders (Nurseries and Child Minders Regulation Act).
	School meals service—all staff.

**Illness Generally.**—Prevention, care and after-care in relation to illnesses other than tuberculosis are perhaps less specific and follow different lines.

**MENTAL ILLNESS.**—The prevention, care and after-care of mental illness is undertaken in accordance with the County Council's scheme for the provision of a mental health service which is dealt with fully later in this Report.

**CERVICAL CYTOLOGY.**—In 1965 the Health Committee considered the possibility of providing facilities for a screening service for women who are at risk of cancer of the cervix. The responsibility for examining slides of smears taken from such women had been placed by the Minister on Regional Hospital Boards and it was decided that the County Council, in conjunction with the appropriate Regional Hospital Board, should provide a cervical cytology service.

The service is available throughout the County, and at the end of the year 68 clinics were in operation. The following table shows the results of the work done in 1968:—

	Age group (years)						Total— all ages
	Under 20	20—	30—	40—	50—	60—	
No. of first smears taken ...	75	3,231	5,645	4,205	1,725	243	15,124
No. of repeat smears requested ...	1	220	412	321	148	27	1,129
No. of positive smears ...	—	10	27	35	9	—	81
No. of positive smears per 1,000 screened ...	—	3.1	4.8	8.3	5.2	—	5.4
No. of cases referred to G.P.'s for other conditions	2	348	727	588	241	32	1,938



A summary of results since 1966 is given below:—

Year	No. of first smears taken	No. of repeat smears requested	No. of positive smears	No. of positive smears per 1,000 screened	No. of cases referred to G.P.'s for other conditions
1966	9,684	395	44	4.5	1,104
1967	18,777	1,387	79	4.2	2,176
1968	15,124	1,129	81	5.4	1,938

VENEREAL DISEASE.—Arrangements are in being whereby, at the request of the hospital authorities, follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors. Local health authority activity in this field is, of course, mainly dependent upon the venereologist for its initiation in any particular case.

In November, 1968, the then Minister of Health issued to local health authorities circular 38/68 on the Control of Venereal Disease. With the circular was enclosed a memorandum, which was also issued to hospital authorities, on the importance of contact tracing in the control of venereal disease.

The following table, compiled from returns supplied annually by medical officers of treatment centres, analyses by condition the number of County residents attending such centres for the first time in each of the last five years:—

Year	No. found to be suffering from—			
	Syphilis		Other conditions (incl. non-venereal)	Total— all conditions
1964	91		787	2,427
1965	92		653	2,537
1966	89		843	2,717
1967	(a) 37	(b) 63	994	2,750
1968	(a) 17	(b) 46	998	2,769

(a) Primary and secondary, (b) other.

OTHER TYPES OF ILLNESS.—General arrangements also exist whereby the hospital authorities notify the County Council of the discharge of all patients who are in need of after-care. This enables the health visiting and nursing staff to carry out home visits in such cases and call into action any of the other social services which may be considered to be of assistance to the patient. Action is also initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

Arrangements exist for emergency night attendance in appropriate cases of persons who are seriously ill and an evening attendance service for visiting solitary chronic sick people.

Towards the end of 1961 the County Council agreed to administer a day and night nursing and night sitter service for cancer cases, financed by the Marie Curie Memorial Foundation. Its main purpose is to assist the relatives of patients to obtain adequate rest periods from the responsibility of nursing, in addition to caring for those who live alone. During 1968 assistance was given in 134 cases.

CONVALESCENT HOME CARE.—Arrangements for the convalescence of general cases have been made with convalescent homes in various parts of the country to accept cases from the Administrative County. In addition to facilitating the convalescence of general cases, provision is also made in the County Council's scheme to enable young children to be sent away from home owing to the presence there of a person suffering from tuberculosis.

During 1968 there were admitted to convalescent homes 169 individuals compared with 219 in 1967. The following statements give particulars of the admissions:—

*Adults admitted to Convalescent Homes*

Name and address of home	Male	Female
Binswood Red Cross Home, Didsbury ... ..	1	2
Blackburn and District Convalescent Home, St. Annes ... ..	6	15
Boarbank Hall Convalescent Home, Grange-over-Sands ... ..	—	7
Delton, Blackpool ... ..	5	2
Evelyn Devonshire Convalescent Home, Buxton ... ..	6	8
Grey Court, Hest Bank ... ..	3	11
Heath Memorial Convalescent Home, Llanfairfechan ... ..	14	—
Horncliffe Convalescent Home, Blackpool ... ..	—	2
Lady Forester Trust, Llandudno ... ..	—	1
La Sagesse, St. Annes ... ..	2	1
Lear Home, West Kirby ... ..	—	39
Parkside, Arnside ... ..	—	4
Seabright, St. Annes ... ..	2	14
St. Tudno, Llandudno ... ..	—	2
Sutcliffe Rhodes Lodge, Southport ... ..	2	—
TOTAL ... ..	41	108

*Unaccompanied Children under School Age admitted to Convalescent Homes*

Name and address of home	Male	Female
Ormerod Home, St. Annes ... ..	4	7
West Kirby ... ..	4	1
TOTAL ... ..	8	8

*Mothers accompanied by children admitted to Convalescent Homes*

Name and address of home	Mother with one child
Brentwood, Marple ... ..	1
Grey Court, Hest Bank ... ..	1
TOTAL ... ..	2

The use made of the convalescent care scheme during the past five years is shown in the following statement of annual admissions to convalescent homes:—

	1964	1965	1966	1967	1968
Adults ... ..	203	198	149	187	149
Unaccompanied children under school age	19	13	23	17	16
Mothers accompanied by children—					
Mothers ... ..	3	2	—	7	2
Children ... ..	6	3	—	8	2
TOTAL ... ..	231	216	172	219	169



Because of a reduction in the number of convalescent home places available in recent years, it has been necessary to limit admission to persons under 70 years of age and cases recovering from acute illness or acute exacerbations of chronic illnesses.

**NIGHT AND EVENING HELPS.**—The County Council's arrangements for a night attendance service and an evening visiting service are outlined in the following paragraphs.

*Night attendance service.*—*Night helps.*—This service is intended to meet only the needs of cases of extreme urgency, usually chronic sick cases at home awaiting admission to hospital. The intention is that attendance by a night help will be provided where such help cannot otherwise be obtained or where continued night attendance is being carried out by a relative or friend who must work in the daytime, but that the service should not attempt to replace the traditional help of friends or neighbours.

The night help's duties are to keep the patient clean and tidy, provide general attention, make meals and if necessary feed the patient, maintain heating arrangements as required and be prepared to perform the last offices in case of death of the patient. With the exception of those already mentioned the help is not required to undertake household duties.

Attendance is normally limited to eight to ten hours in any one night and a charge, which may be reduced according to the financial circumstances of the patient, is made for each night's attendance.

During the year 1,587 night attendances were paid to 220 cases; corresponding figures for 1967 were 2,446 attendances and 304 cases.

*Evening attendance service.*—*Evening helps.*—This service is intended to be used only in cases where the alternative would be institutional treatment and to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary to make the patient comfortable for the night.

The application of the scheme is, in the main, similar to that for night helps. The service is, however, limited to one visit per day between the hours of 6 p.m. and 11 p.m.

No charge for either of the above services is made where the sole income of the patient is the retirement pension or where he or she is in receipt of a supplementary pension or supplementary allowance from the Department of Health and Social Security.

During the year 5,142 evening visits were paid to 95 cases, compared with 6,290 visits to 98 cases in 1967.

**LOAN OF NURSING EQUIPMENT.**—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment to be provided are generally made by hospitals, general practitioners or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in a number of areas mutual arrangements have been made with these organisations.

Stocks of equipment provided by the County Council are held by district nursing sisters, County Council clinics and ambulance stations as determined by local needs and facilities. On account of the highly specialised treatment involved, special arrangements are made for the accommodation of patients suffering from paraplegia on discharge to their homes from hospital. The district nursing sister and her supervisor visit the patient in hospital and obtain first-hand information of nursing methods and equipment suited to the individual. Necessary equipment is then supplied to the patient's home under the supervision of the district nursing sister.

**LAUNDRY SERVICE.**—The care and after-care services include the provision of a free laundry service for bedding and night clothing of persons urgently needing such assistance. It is limited to areas where suitable arrangements can be made with hospital laundries but now covers the major part of the County. Bedding is provided on loan and is normally collected, laundered and returned to the patient twice weekly.

On average three sets of bedding are required for each case, each set being made up of two sheets, four draw sheets and two pillow cases. Transport has been arranged by agreement with local councils, the W.R.V.S. and with private contractors.

Where appropriate, disposable incontinence pads as a supplement or, in some cases, an alternative to the normal laundry service are provided by the County Council. Some form of service can therefore be made available in all divisions. Protective pants and interliners are also provided for some incontinent patients who are able to be dressed during some part of the day.

The service which was given during 1968 comprised 652 cases where normal laundry was provided, 314 cases where normal laundry was supplemented by the supply of incontinence pads and 1,631 cases where incontinence pads only were supplied.

**Problem Families.**—Following the recommendations of the working party set up in 1963 to consider the system of co-ordinating the work of the Health, Children's and Education Departments in connection with problem families and families with problems, the initiative now rests with each department and its staff to bring cases forward for discussion with other departments, particularly when there appears to be the need for a case conference to be held as distinct from informal consultation on any particular aspect of a case, and no one officer is responsible for convening conferences and co-ordinating work with families needing help.



Any officer actually concerned with a family in need of help may initiate a case conference with the appropriate officials of other departments and bodies as and when necessary. The senior officers of the three departments at area or divisional level may initiate discussions at their discretion on matters of policy arising within the work with families in need of help or advice. The discussions may take place at area/divisional level or district/sub-district level.

The services provided by the County Health Committee to deal with these families include:—

- (a) Health visiting.
- (b) Mothercraft training.
- (c) Use of specially selected home helps and loan of kitchen equipment.
- (d) Provision of day nursery accommodation.

(a) *Health Visiting*.—Experience shows that the health visitor can play a most important part in the preventive aspect of work with these families as she is the only worker who regularly goes into all homes where there are children. She is in a particularly good position to see the early signs of deterioration and is often able to take appropriate action to help the family in the early stages. This is true preventive work and as such is extremely difficult to record for statistical purposes. The County Council health visitors spend a considerable amount of time on work with problem families and potential problem families and this often goes on for years before much improvement can be seen.

(b) *Mothercraft Training*.—In certain cases mothercraft training may prove most valuable in the rehabilitation of the family. It is, however, most important that the training should be introduced as part of a larger plan for dealing with a family and when the mother returns home further help will be required to ensure that the lessons learnt in the period of training are put into practice.

The County Council send mothers for training to the Brentwood Recuperative Centre, Marple, Cheshire, which is administered by the Community Council of Lancashire and has been used continuously for a number of years. In addition arrangements are occasionally made with probation officers for the accommodation of mothers and children at the Elizabeth Fry Home, York.

Details of mothers and children sent by the County Council to Brentwood during the past six years are given in the following statement:—

Year		Mothers		Children	Year		Mothers		Children
1963	...	5	...	17	1966	...	5	...	21
1964	...	8	...	30	1967	...	12	...	34
1965	...	3	...	12	1968	...	8	...	31

(c) *Use of Specially Selected Home Helps and Loan of Kitchen Equipment*.—The County Council's proposals under section 28 of the National Health Service Act, 1946, indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children or the break-up of problem families or potential problem families. Such steps may include the use of specially selected home helps to work with the mother in her home to teach her housecraft.

Normally a charge is made for a home help in accordance with the family income but in these special cases the divisional health committee, at their discretion, may reduce the assessed charges or waive them altogether for a period of five weeks subject thereafter to a review each month in cases where it is considered that the supply of home help would be a major contribution to meet the problems of the family. The divisional health committee may decide subsequently that the charge should be increased, by stages if necessary, up to the full amount that would normally be paid in accordance with the assessment scale.

(d) *Provision of Day Nursery Accommodation*.—Children of problem families are regarded by the County Council as coming within the priority groups for admission to day nurseries and provision is made in the assessment scales regulations whereby the fee normally payable on the basis of family income can be reduced or waived altogether if the circumstances warrant such a course.

In addition, family unit accommodation is provided under the National Assistance Act, 1948, to deal with evicted families. Further reference to this work is made on page 99 of this Report.

**Chiropody Service**.—This service, provided under section 28 of the National Health Service Act, 1946, is available to the elderly, registered handicapped persons and expectant mothers. Since the inception of the scheme in 1959 "elderly" has been defined as men aged 65 years or over and women aged 60 years or over, but the County Council decided that as from the 1st October, 1968, the qualifying age limit for women be raised to 65 for future cases, with the proviso that women under this age already receiving treatment be eligible to complete such treatment. Voluntary associations already providing a chiropody service when the County Council scheme commenced were given the opportunity of continuing their services in accordance with the general conditions laid down. The service is provided either in clinics or chiropodists' surgeries according to local circumstances and domiciliary treatment may be provided on the authority of a medical practitioner, district nurse, health visitor or midwife. No charge is made for treatment.

The divisional health committees and councils of delegate districts are responsible for the administration of the service within their areas and these may be provided directly by such bodies or by arrangements with local voluntary associations.



Although in 1968 the service provided directly by the County Council continued to expand it was found in some instances more effective to concentrate chiropody sessions for an area in one clinic rather than use several. Thus at the end of the year 189 chiropody clinics were in being, nine less than at the end of the previous year. In areas where it has not been possible to set up a clinic, arrangements have been made for treatment to be carried out in private surgeries. The table below shows that during 1968 approximately three-fifths of the patients treated under the direct services were treated in clinics.

The indirectly provided services are organised by voluntary associations who claim grants from the County Council in respect of expenditure on chiropodists' fees and certain other expenses. Almost all of these services were founded prior to 1st January, 1960. The composition of the indirect services differs considerably from that of the direct services since there has been less tendency on the part of the voluntary associations to concentrate treatment in clinics. Consequently the number of patients treated in surgeries is a much higher proportion of the total than in the direct services.

A comparison and summary of the direct and indirect services for 1968 is given in the table below together with the totals of patients and treatments provided in each of the last four years. Detailed statistics for each area are given on pages 171 and 172, Table 22 covering the services provided directly by the County Council and Table 23 the services provided by voluntary associations.

				Chiropody service provided—					
				Directly by County Council		By voluntary associations		Totals	
				Patients	Treatments	Patients	Treatments	Patients	Treatments
<i>Category of patient—</i>									
Aged persons ... ..				47,226	211,802	10,833	49,881	58,059	261,683
Handicapped persons ... ..				731	3,022	99	344	830	3,366
Expectant mothers ... ..				39	61	1	1	40	62
TOTAL ... ..				47,996	214,885	10,933	50,226	58,929	265,111
<i>Place of treatment—</i>									
Clinics ... ..				28,557	130,311	4,267	19,208	32,824	149,519
Surgeries ... ..				1,184	5,224	3,781	19,529	4,965	24,753
Homes for the aged ... ..				3,153	12,189	6	34	3,159	12,223
Patients' homes ... ..				15,102	67,161	2,879	11,455	17,981	78,616
TOTAL 1968 ... ..				47,996	214,885	10,933	50,226	58,929	265,111
1967 ... ..				43,639	191,354	13,286	62,104	56,925	253,458
1966 ... ..				39,713	174,927	13,892	63,750	53,605	238,677
1965 ... ..				34,749	161,625	15,059	68,687	49,808	230,312

On average the number of treatments given per patient in the year 1968 was 4.6 to those attending clinics, 5.0 to those attending surgeries, 3.9 to those in homes for the aged and 4.3 to patients treated at home.

In order to allocate the time of chiropodists as fairly as possible the Health Committee decided that from 1st January, 1965, a normal frequency of treatment of once in eight weeks should be established.

**Health Education and Propaganda.**—In the field of preventive medicine, health education forms one of the most important weapons, and every effort is made to develop this work in the Administrative County. Health education is carried out in many ways, one of the most important being the personal contact between members of the public and the members of the staff of the health service. Divisional Medical Officers continue to encourage their staffs in this work and a valuable feature in this is the regular divisional meetings between the divisional staff and members of the central health education unit at which new visual aids are demonstrated and discussion promoted on current health topics.

There is an increasing demand for the facilities which are available in the field of health education in the way of display material, lectures, etc., and these are dealt with in detail below. The health education unit continues to meet this demand, and wherever possible takes the opportunity of developing an individual approach in the preparation of equipment and posters.

**LECTURES AND GROUP DISCUSSIONS.**—The demand for lectures and leaders for group discussions continued during the year.

**FILMS AND FILMSTRIPS.**—The arrangements whereby film shows are given by the health education staff or alternatively films loaned to requesting organisations continued throughout 1968. The available equipment was supplemented by the purchase of an 8 mm. film loop projector and the film library was extended by a further twelve films, whilst 32 films were obtained for use with the loop projector.

During the year 590 film shows were given by staff of the health education unit.

**POSTERS, PAMPHLETS AND HANDBOOKS.**—More than 750,000 pamphlets and 45,000 posters were supplied in 1968 to staffs in the health services for use as visual aids and display material in health education work. New handbooks were prepared for two health divisions in which details of the health and welfare services available within the divisional areas were given.

Six special poster campaigns were staged during the year using material made available by the then Ministry of Health, two of them were devoted to Smoking and Health, two to Dental Health and one each to Measles Vaccination and Food Hygiene.

Individual posters and pamphlets relating to dental health, mental health, the child minder regulations and the County Analyst, were designed and produced by the health education unit.

**SCHOOL PROJECTS.**—These projects, involving as they do a co-ordinated effort on the part of the teaching and health staffs, represent a very important and interesting method of projecting health education in the schools. The pupils are involved in a personal way by research and presentation of material, and the conclusion is reached with an evaluation of the subject matter and an examination of the way in which the health hazards may be dealt with. The material prepared by the pupils in connection with these health education projects is popular as examination material for the Certificate of Secondary Education.

In 1968, some 50 schools staged projects which included the following as subjects:—

Growing up  
Smoking and health  
Oral hygiene  
Food nutrition  
Personal hygiene

**CAMPAIGNS.**—*Smoking and Health.*—The dangers to health associated with smoking continued to be brought to the attention of the public. As has already been mentioned, two poster campaigns were staged during the year, directed primarily at schools, youth groups, factories and other places of employment.

*Dental Health.*—The dental health education campaign continues to be a very popular way of promoting awareness of the importance of good dental hygiene. During 1968, seven major campaigns were held, being attended by some 15,000 children and 2,000 adults. In connection with these campaigns, poster and essay competitions were organised in co-operation with the junior schools.

*Home Safety.*—Six new Home Safety Committees were formed during the year, and the demand from these, together with the established committees resulted in an increasing volume of work. Twenty major home safety exhibitions were staged in 1968, together with a number of smaller exhibitions held in public libraries, etc.

The importance of safety was emphasised also in the co-operative efforts of industry and the County Council in staging safety exhibitions in factories. Four campaigns of this type were undertaken.

A combined safety exhibition involving the Fire Service, National Union of Farmers, Ministry of Agriculture and Fisheries, the County Health Department, etc., was staged at the Royal Lancashire Show. This was the first comprehensive exhibition devoted to "Safety" in all its aspects which has been staged in the North West, and attracted a large number of visitors.

The annual home safety conference was held at Preston in November with the theme "The concern and interest in home safety by various organisations". The conference was attended by 50 delegates from Home Safety Committees in Lancashire and representatives of the North West Regional R.O.S.P.A. Committee.

The practice of drawing public attention to hazards by the use of mobile trailers continued. During the summer months, the trailers toured the County area with the theme "Water Safety" and "General Safety in the Home". In autumn the risks attendant upon fireworks and bonfires formed the subject whilst the theme "Christmas Safety" was used towards the end of the year.

*Sex Education and Venereal Diseases.*—The provision of a "Towards Maturity" course for school leavers has proved to be very successful and 30 schools availed themselves of the course during the year. In addition many secondary schools include information and advice on sex education as part of their normal school curriculum.



Information and advice on the venereal diseases, which also forms a constituent part of the "Towards Maturity" course, were given in specific talks in 35 schools during the year.

These two subjects continue to form a part of the annual educational programme of youth clubs and help was given to 20 clubs during the year. The B.B.C. recorded a meeting of the Haslingden Youth Club, which was addressed by Dr. P. S. Silver, Consultant Venereologist, on the venereal diseases. The programme was subsequently featured on the radio in "Woman's Hour", and attracted many enquiries from other authorities for information and advice on the provision of these services to schools.

*Mental Health.*—The Mental Health exhibition was staged on four occasions during the year and there was a continuing demand for the showing of the County Council's film "Our Responsibility". Mental health week, from the 9th to the 15th June, was supported by mobile and static exhibitions in many parts of the County area.

TOPICS.—All major clinics were supplied with a wide range of portable exhibition material during the year. The material included child welfare, dental health, immunisation, food hygiene, etc. Special topic display material was created to provide information on immunisation services available in regard to diphtheria. This was as a result of the occurrence of cases of diphtheria in one of the health divisions. The topics were staged in clinics in the area at risk. In all, 20 clinic topics were supplied.

Topics for schools are a very successful way of focusing and increasing attention on health education subjects. With a large number of schools having health education as a subject in their syllabus the demand continues for information stands on a whole range of personal and community health.

DRUG ADDICTION.—In view of the comparatively new health hazard of drug taking by young people, it was agreed that some form of dissemination of information on drugs and drug addiction should be provided to those in authority.

A seminar was arranged for Divisional Medical Officers and members of Divisional health staffs with speakers including a Consultant Psychiatrist, a Professor of Pharmacology and members of the Lancashire Constabulary. This seminar discussed signs, symptoms and information on drug taking in the Lancashire area. As a result of this meeting it was resolved that other seminars should be arranged for teachers, youth workers, probation officers and all people having a close contact with youth.

Two such seminars were arranged in conjunction with the Education Department one at Edgehill Training College, the other at Padgate Training College. Delegates representing members of the teaching profession, Divisional health staff, probation service and youth workers, attended. The morning sessions were devoted to speakers on drug addiction, and the afternoon sessions were taken up with displays of health education services and material available to combat this health hazard.

Thirty talks on drug addiction were given during the year, including talks at Universities and Colleges of Further Education.

HEALTH TALKS.—Altogether 666 health talks were given during the year, excluding routine talks at school clinics and child welfare sessions. The talks dealt with the following subjects:—

*In Schools—*

	Subject								No. of talks
Feet and posture	...	...	...	...	...	...	...	5	
Hygiene ...	...	...	...	...	...	...	...	23	
Mothercraft	...	...	...	...	...	...	...	158	
Dental hygiene	...	...	...	...	...	...	...	16	
Home safety	...	...	...	...	...	...	...	19	
Immunisation, vaccination and infectious diseases	...	...	...	...	...	...	...	6	
Work of the health visitor, etc.	...	...	...	...	...	...	...	11	
First aid and anatomy	...	...	...	...	...	...	...	41	
General health	...	...	...	...	...	...	...	71	
Smoking and lung cancer	...	...	...	...	...	...	...	9	
Growing up	...	...	...	...	...	...	...	40	
Diet and food hygiene	...	...	...	...	...	...	...	14	
TOTAL								413	

Others—

No. of talks

Antenatal and child care	...	...	...	...	...	...	155
Training lectures to the public (first aid, home nursing, etc.)	...						10
The health services	...	...	...	...	...	...	11
Home safety	...	...	...	...	...	...	1
Work of the assistant divisional medical officer, health visitor	...						10
Training lectures to staff and students	...	...	...	...	...	...	9
Mental health	...	...	...	...	...	...	2
Smoking and lung cancer	...	...	...	...	...	...	16
Care of the aged and handicapped	...	...	...	...	...	...	2
Diet and food hygiene	...	...	...	...	...	...	4
General subjects	...	...	...	...	...	...	18
Sex education	...	...	...	...	...	...	15
TOTAL							253

The staff concerned in these talks were as follows:—

Medical officers	...	...	...	...	...	...	29
District nursing sisters	...	...	...	...	...	...	8
Mental welfare officers	...	...	...	...	...	...	2
School nurse/health visitors	...	...	...	...	...	...	543
Training centre supervisors	...	...	...	...	...	...	2
Welfare organisers	...	...	...	...	...	...	18
Headquarters staff	...	...	...	...	...	...	64

HOME HELP SERVICE

The total number of cases attended during 1968 was 28,108—an increase of 1,345 over the figure for the previous year. The number of staff increased by 123 to a total of 4,522 employed at 31st December, 1968. Of these, four were employed whole-time and the remainder part-time for varying periods. The whole-time equivalent of the 4,522 home helps, *i.e.*, 2,355, was 15 less than the corresponding figure for the previous year. The number of organisers and assistant organisers, who are responsible for the day-to-day control of the service under the direction of the divisional medical officers or medical officers of delegate districts, was 58 full-time and three part-time.

The County Council's proposals regarding the home help service enable a laundry service to be provided for bedding and night clothing of persons urgently needing such assistance and who are in receipt of home help. Similar provision is also made in connection with the prevention of illness and after-care schemes under section 28 of the National Health Service Act, 1946, and for the time being the laundry service will function under this section.

In addition, the County Council's proposals under section 28 indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children, or the break-up of problem families or potential problem families. In this connection the Health Committee have agreed to the employment of specially selected home helps. Further particulars are given on page 83.

**Service Statistics.**—The statement below shows for the Administrative County as a whole the number of home helps employed at the 31st December of each of the last five years, together with their whole-time equivalents and the number of instances by type of case in which home help was provided in each of those years.

Year			Home helps employed at 31st December		No. of cases for which home help was provided during the year for—							Total cases attended per 1,000 population
					Problem families	Confinements		Tuber-culosis	Chronic sick and aged & infirm	Illness and others	Total	
			Total	Whole-time equivalent		At home	Away from home					
1964	...	...	4,101	2,165	15	658	176	126	20,792	1,626	23,393	10·2
1965	...	...	4,054	2,102	16	611	223	109	21,898	1,614	24,471	10·5
1966	...	...	4,181	2,269	27	537	182	106	22,607	1,604	25,063	10·6
1967	...	...	4,399	2,370	23	432	202	84	24,396	1,626	26,763	11·2
1968	...	...	4,522	2,355	21	302	226	84	25,918	1,557	28,108	11·6

Table 24, page, 173 gives for the year 1968 a detailed breakdown of the case totals and shows for each health division and delegate district the number of cases attended, distinguishing where appropriate between cases aged under 65 years and those aged 65 years and over, the proportion each category of case forms of the total of patients cared for and the ratio of cases attended to population served.



In four selected weeks of the year (normally the 11th week of each quarter) a survey is undertaken of the amount of help provided for each category of case and Table 25, page 174, reproduces the resultant analysis for the December quarter, 1968, and gives comparative totals for all case categories combined for the corresponding week in the December quarter of the previous year. The pattern of the supply of home help is clearly defined. Of the 18,713 cases attended, 17,148 or 92 per cent. were persons aged 65 years and over and these cases received 85,733 hours or 91 per cent. of the total amount of help provided during the week (94,188 hours). Not shown in the table is the fact that 17,133 cases either lived alone or lived with another person incapable of housework. The table also illustrates the distribution of help to the ten categories of cases both as regards the number of days of the week on which help was provided and the number of hours of service involved. Of the 18,713 cases attended, 15,081 received help on only one or two days of the week and 17,485 cases received less than 10 hours of service.

A comparison of case totals and total hours of service provided during corresponding weeks of the December quarter of the past five years shows that there was a small reduction each year in the weekly number of hours service per case.

Year	Total cases attended during the week	Total hours of service provided	Hours per case
1964	15,327	90,942	5.93
1965	15,666	88,267	5.63
1966	16,508	90,757	5.50
1967	17,868	94,794	5.31
1968	18,713	94,188	5.03

**Ability of Users to Pay for the Service.**—Under the provisions of section 29 (2) of the National Health Service Act, 1946, recovery is made from persons availing themselves of the home help service of charges for the services rendered. For assessment of these charges a scale of allowances is in operation in order to ascertain the net income from which recovery can be made. The charges are reviewed and, in appropriate cases, reduced after the third week of service and again after the thirteenth week. In any event the cost to the user of the service in no case exceeds the actual cost of the service to the County Council.

From periodic analyses of assessments made it may be said that in about 85 per cent. of the cases attended home help is ultimately provided free—a corollary to the fact that the bulk of the persons attended are old, infirm and chronic sick.

### MENTAL HEALTH

The duties of the County Council under the National Health Service Act, 1946, and the Mental Health Act, 1959, include the provision of junior and adult training centres, special care units and social clubs for mentally disordered persons and residential accommodation for juniors and adults who are suitable to live in the community at large but who, for one reason or another, cannot live in their own homes. These are embraced within wider responsibilities for the prevention of mental illness and the care and after-care of persons who are suffering or have suffered from mental disorder. The Council's powers in relation to prevention, care and after-care in all forms of illness under section 28 of the former Act had been more specifically detailed, so far as the mentally disordered were concerned, in the Act of 1959. Section 12 of the Health Services and Public Health Act, 1968, is intended to put beyond doubt the power of local health authorities to provide residential accommodation, training centres and other ancillary or supplementary services for the prevention of all types of illness, including mental disorder, and for the care and after-care of persons suffering from illness. Consolidating with amendments sections 28 (1) and (2) of the National Health Service Act, 1946, and sections 6 and 7 of the Mental Health Act, 1959, this section came into force on the 9th September, 1968.

At the end of the year under review 9,999 mentally disordered children and adults were in care of the County mental health service, an increase of about 2.2 per cent. on the previous year. The total of 9,999 comprises 5,435 mentally ill, 4,246 subnormal or severely subnormal and 318 elderly mentally infirm. The extent to which, and the manner in which, the County Council are dealing with demands on this scale may be seen in the succeeding paragraphs, but particular mention might be made at this point of the assistance which has been given by local voluntary bodies. In one case a local Spastics Society financed the building of an extension to a junior training centre to provide overnight stay accommodation for the occasional use of children suffering from severe physical and/or mental handicap whose parents could otherwise find little or no relief from the strain of caring for them during the evening. This constitutes a new and experimental development in the mental health service. Other voluntary societies financed the building of a swimming pool at a junior training centre, and two goods vehicles have been donated to adult training centres by local voluntary associations. These are examples of co-operation between voluntary body and local authority in working towards a common end—the welfare of the mentally handicapped.

**Staff.—MEDICAL OFFICERS.**—During the year a further nine of the County Council's medical officers obtained one of the qualifications governing the examination of subnormal children specified in the Medical Examination (Subnormal Children) Regulations, 1959, and most of the medical staff now hold a qualification specified under these regulations. At the end of the year 35 County Council medical officers and 149 other medical practitioners were approved under section 28 of the Mental Health Act, 1959, to make medical recommendations concerning mentally disordered persons.



**CONSULTANT PSYCHIATRISTS.**—It is the joint policy of the County Council and the Manchester and Liverpool Regional Hospital Boards to establish close liaison between the County Council's mental health services and the hospital services. To this purpose the hospital consultant psychiatrists, three of whom are part-time members of the County Council's staff, are available to advise mental welfare officers in the performance of their duties.

**MENTAL WELFARE OFFICERS.**—The total number of qualified mental welfare officers employed at the end of 1968 was 80, including nine psychiatric social workers. Forty-one were qualified by possessing an appropriate degree or diploma, or the certificate in social work, and 39 by virtue of having had sufficient approved experience in mental welfare work. In addition 21 trainee mental welfare officers and one welfare assistant were employed, making a total staff of 102. During 1968 six mental welfare officers obtained the certificate in social work and by the end of the year an additional 16 mental welfare officers and trainees were taking courses leading to the award of a social work certificate.

An arrangement for an "on call" duty rota system between mental welfare officers of the County Council and neighbouring County Borough Councils was introduced during the year between Health Division No. 11 and Bolton County Borough. There are now three such schemes in operation.

**HOSTEL STAFF.**—One new adult hostel and one new junior hostel were brought into operation in 1968 and the actual staff employed at the 31st December comprised 16 wardens, 16 deputy wardens, four matrons, three deputy matrons and 111 attendants of whom 80 were employed part-time, together with the normal complement of cooks and domestic staff.

**TRAINING CENTRE STAFF.**—The table below shows the number of training centre supervisory staff in each category at the 31st December, 1968:—

					Junior and mixed centres	Adult centres
Superintendents	...	...	...	...	—	28*
Supervisors	...	...	...	...	23	—
Instructors	...	...	...	...	—	137
Assistant supervisors		...	...	...	99	—
Trainee assistant supervisors		...	...	...	29	—
					<hr/>	<hr/>
				TOTAL	151	165
					<hr/>	<hr/>

\* includes 3 superintendents appointed before centre opened

In September, 1968, the third one-year training course for adult training centre staff leading to the award of the diploma of the National Training Council commenced at the Harris College, Preston, and six superintendents were seconded. During the year eight superintendents completed one-year courses, four at Hull College of Commerce and four at the Harris College, Preston, and of these, seven were successful in obtaining the diploma. The position relating to qualifications at the end of the year was that 18 out of 28 superintendents held a diploma or were taking a course leading to the award of a diploma.

In view of the satisfactory position relating to superintendents it was possible for the first time to second instructors, and five instructors began the one-year course at the Harris College, Preston, in September.

Eighteen members of the junior training centres' staff returned from one-year and two-year courses at the Harris College, Preston, in July, 17 of whom were awarded the diploma. At the end of the year, 28 were on courses 19 of whom were due to complete their training in July, 1969. By the end of the year 68 of the staff were qualified, of whom 18 were supervisors, which meant that with the number on course at the end of the year 63·5 per cent. of the staff at junior training centres held or were undergoing training leading to the award of an appropriate qualification.

Approval was given to the attendance of staff on the following courses and conferences during 1968:—

- Annual Conference of the National Association for Mental Health
- Annual Conference of the Federation of Associations of Mental Health Workers
- Seminar for Social Workers—Harris College
- Physical Education for Mentally Handicapped Children Course—Alston Hall
- Music for Handicapped Children—Weekend Course.

Plans were in hand at the end of the year to send the senior staff of junior and adult training centres and junior and adult hostels on a one day fire prevention course at the Fire Brigade Training Centre, Washington Hall, near Chorley, the course being designed to equip them to deal promptly and efficiently with any fire emergency which might arise.

**Building Programme.**—At the end of 1967, seven adult and two junior training centres together with eight adult and one junior hostel were under construction. Of these projects only two adult and one junior training centre and one adult and one junior hostel were completed and in operation by the end of 1968. It is, however, firmly expected that the balance of the projects carried over into 1969 will be completed and operational by the end of the summer. Building commenced during the year on one additional project, a hostel for the mentally ill at Radcliffe.



The position at the 31st December, 1968, with regard to establishments was as follows:—

			Training centres		Hostels	
			Adult	Junior and mixed	Adult	Junior
Existing at 1.1.68	...	...	23	22	14	3
Brought into operation during 1968			2	1	1	1
In operation at 31.12.68	...	...	25	23	15	4
Under construction at 31.12.68	...		5	1	7	—

Ex-civil defence premises in Urmston were appropriated from the Civil Defence Committee for use as a rehabilitation centre for the mentally ill and it is hoped that the centre will commence to function early in 1969.

**Training Centres.**—A summary of the numbers of training centre places provided by the County Council and of attendances at the centres during 1968 and the five previous years is given below. Similar information for each centre for the year under report is given in Table 26, page 175.

Year		Position at 31st December			Attendances during year		
		No. of centres	No. of places nominally available	No. on register	Total day places nominally available	Total attendances	Proportion (per cent.) of attendances to nominal places available
1963	(a)	20	1,091	1,034	214,925	165,873	77
	(b)	8	480	478	91,220	74,014	81
	(c)	1	20	22	4,140	3,476	84
	(d)	29	1,591	1,534	310,285	243,363	78
1964	(a)	20	1,115	1,060	217,669	172,977	79
	(b)	11	517	678	93,717	110,339	118
	(c)	1	20	27	4,880	4,494	92
	(d)	32	1,652	1,765	316,266	287,810	91
1965	(a)	20	1,119	1,001	224,320	157,810	70
	(b)	22	1,024	1,113	180,883	199,753	110
	(c)	1	20	30	4,680	4,835	103
	(d)	43	2,163	2,144	409,883	362,398	88
1966	(a)	20	1,119	1,023	221,212	157,268	72
	(b)	23	1,099	1,325	237,185	242,376	105
	(c)	1	20	25	4,500	4,405	98
	(d)	44	2,238	2,373	462,897	404,049	89
1967	(a)	22	1,275	1,113	235,446	171,240	73
	(b)	23	1,164	1,433	251,257	281,766	112
	(c)	1	20	27	4,540	4,653	102
	(d)	46	2,459	2,573	491,243	457,659	93
1968	(a)	23	1,333	1,212	247,667	188,592	76
	(b)	25	1,189	1,493	243,022	2,82503	116
	(c)	1	20	29	4,500	4,793	107
	(d)	49	2,542	2,734	495,189	475,888	96

(a) Junior and mixed centres. (b) Adult centres.  
(c) Separate special care units. (d) All centres.

The following table shows the total County cases attending day training centres and special care units at the end of each of the last five years:—

Year	No. of County cases attending —				
	County Council centres		Other authorities' centres	Other bodies' centres	Total
	Junior and mixed	Adult			
1964	1,087	678	45	22	1,832
1965	1,031	1,113	69	58	2,271
1966	1,029	1,313	64	30	2,436
1967	1,159	1,409	75	34	2,677
1968	1,247	1,512	43	46	2,848

The above figures show an increase of 88 in the number attending junior and mixed training centres at the end of 1968. Most of these were absorbed by the opening of one new junior centre providing 60 extra places. Two new adult centres of a nominal capacity of 60 places each were also opened. This was reflected in the increased attendance of 103 adults and in the reduction in the number of trainees attending the centres of other authorities.

**OTHER DAY CENTRES.**—A number of hospital patients who normally reside in the County area attended Cleveland House Psychiatric Day Centre (Salford C.B.C.) during 1968. Sponsored by the County Council by agreement with the consultant psychiatrist, these patients derive considerable benefit under the care of the centre's staff of occupational and art therapists.

Adult training centres are intended to cater for mentally subnormal persons or those suffering from some form of permanent mental condition amenable to the same type of provision as for the mentally subnormal. Two new developments with regard to the provision of facilities for the more acutely mentally ill should become fully operational during 1969. One is the hostel for mentally ill at Radcliffe and the other is a day rehabilitation centre at Urmston. The centre is intended for psychiatric patients living in the community who are either in need of a period of rehabilitation following hospital treatment or who require some form of sheltered occupation distinct from that offered at the normal type of adult training centre. The main care and guidance will be the duty of the mental welfare officer assisted by the centre's staff and advised by the consultant psychiatrist.

**Residential Accommodation.**—**HOSTELS.**—One new hostel for mentally subnormal adults was opened during 1968 giving a total of 15 in operation with 417 places provided. On the junior side a fourth hostel was opened, increasing the total places available from 75 to 100. At the 31st December, 402 adults and 79 children were in residence at County Council hostels, and an additional 67 adults and 23 children were resident at the County Council's expense in other local authorities' or voluntary bodies' residential accommodation.

**GROUP HOMES.**—A second group home at Haslingden became ready for occupation at the end of the year, providing accommodation for three residents from psychiatric hospitals or adult hostels.

The first had been established at Chorley in 1966 and its original purpose was to assist in re-adjusting mentally ill persons to an independent life in the community. Experience showed that the number of suitable patients was insufficient to maintain this function, and the premises were used to accommodate mentally subnormal persons selected from the neighbouring hostel who it was considered would benefit from the greater independence and closer proximity to normal living conditions. There were four residents in occupation at 31st December, one of whom was engaged in full-time outside employment.

**SHORT TERM CARE.**—Residential care for periods varying from two to four weeks is made available by the County Council for mentally handicapped persons living at home with parents or relatives. This is to enable parents, etc., to take a holiday or otherwise be afforded short periods of relief. The short term care is provided either by admission to County Council hostels, other suitable establishments at the expense of the County Council, or hospital. The numbers of children and adults provided with short-term care in this way during 1968 were as follows:—

	County Council hostels	Other local authority hostels	Voluntary residential homes	Hospital	Total
Children ...	66	8	121	184	379
Adults ...	50	37	30	112	229

**OTHER AUTHORITIES' RESIDENTIAL ACCOMMODATION.**—In the course of the year six persons were admitted to the hostel for the mentally ill operated by St. Helens County Borough and two persons were admitted to similar establishments in Salford and Leicester. In addition, Blackpool County Borough provided accommodation for a total of 34 persons in need of short term rehabilitation care during 1968.

These establishments for the mentally ill are designed to provide short-term rehabilitative care for periods of up to six months and generally accommodate former hospital patients who may be in employment, or if not employed would benefit from hostel facilities. The main criteria for admission are that persons should behave in a socially acceptable way, be employed or potentially employable, and capable of drawing benefit from the facilities available.

**Registration and Inspection of Mental Nursing Homes and Residential Homes for Mentally Disordered Persons.**—Part III of the Mental Health Act, 1959, provides for the registration and periodic inspection by the local authority concerned of mental nursing homes and residential homes for mentally disordered persons. Nine mental nursing homes and two residential homes were registered with the County Council at the end of the year. At the time of the inspections, which are carried out at six monthly intervals, all of the premises were found to continue to meet the requirements for registration.

**Social Activities for the Mentally Disordered.**—The County Council's proposals for the Mental Health Service include the provision of social clubs for the mentally handicapped and it is the policy to encourage voluntary societies to set up and operate such clubs by allowing the use of County Council premises or alternatively paying the rental for suitable premises. In this way co-operation between the County Council and voluntary effort is fostered and encouraged. During the year one new club for the mentally ill operated jointly with Wigan County Borough at "Fabrex" Training Centre, Wigan, came into operation, whilst one club for the mentally ill at Newton-le-Willows ceased to operate. This resulted in a total of 30 clubs in operation, 21 for the mentally subnormal and nine for the mentally ill, with total average attendances per week of 777 and 144 respectively.



**Guardianship.**—The downward trend in previous years in the number of persons under guardianship was halted, and three new admissions to guardianship by the County Council took place during the year. The total number at the end of the year showed a net increase from five to six; five persons being under the guardianship of the County Council and one of a private individual.

**Holidays.**—The County Council have agreed to pay transport and staff accommodation charges for parties of trainees from junior and adult training centres going on a week's holiday, and during 1968 holidays were arranged for trainees of 16 centres, the total number of trainees involved being 585 adults and 72 juniors. In the case of children at junior hostels who would not otherwise be provided with a holiday the Health Committee have authorised the payment by the County Council of transport and accommodation charges for both the children and accompanying supervisory staff for two weeks holiday each year. During 1968, 14 residents of one of the junior hostels were afforded a holiday under this provision. Holidays are now being planned farther afield and it is not unusual for trainees to go on holiday to London or the Isle of Man, etc., but the bulk of the holidays are taken at popular resorts on the Fylde or North Wales coasts.

The number of holidays sponsored by the County Council is increasing and because of the greater distances involved a limit of two pounds for each trainee has been imposed on the cost of travel to be met at the County Council's expense.

**General Statistics.**—The following tables show the numbers of cases by category of mental disorder in County Council care on the 31st December of each of the last five years. The year 1966 saw the introduction of a new category of mental disorder, that of "elderly mentally infirm" defined as "persons who have become mentally infirm through old age". A detailed analysis of cases in County Council care is given in Table 27, page 176.

*Mentally ill, elderly mentally infirm, and psychopathic cases*

Category	1964	1965	1966	1967	1968
Mentally ill—					
Aged under 16 years ... ..	11	7	2	6	6
Aged 16 years and over ... ..	5,366	5,346	5,275	5,320	5,426
†Elderly mentally infirm ... ..	*	*	342	403	318
Psychopathic—					
Aged under 16 years ... ..	—	—	—	—	—
Aged 16 years and over ... ..	5	1	6	4	3
TOTAL ... ..	5,382	5,354	5,625	5,733	5,753

\*Only available from 1966.

†Primarily the responsibility of the Welfare Service.

*Subnormal and severely subnormal cases*

Category	1964	1965	1966	1967	1968
Subnormal—					
Aged under 16 years ... ..	311	343	378	431	538
Aged 16 years and over ... ..	1,351	1,496	1,494	1,568	1,555
Severely subnormal—					
Aged under 16 years ... ..	730	845	853	894	953
Aged 16 years and over ... ..	911	1,012	1,054	1,157	1,200
TOTAL ... ..	3,303	3,696	3,779	4,050	4,246

The total number of cases under the five categories of mental disorder, *i.e.*, 9,999 at the end of 1968, was equivalent to 4.12 per 1,000 of the estimated home population in the Administrative County area. The corresponding and constituent rate for the total of mentally ill, elderly mentally infirm and psychopathic cases was 2.37 per 1,000 of the estimated home population whilst that for subnormal and severely subnormal cases was 1.75.

The table below shows the annual number of cases of mental subnormality (including severe subnormality) referred to the County Council from 1958 onwards:—

Year	Children under 16 years		Adults of 16 years and over		Total
1958	...	184	...	88	272
1959	...	205	...	58	263
1960	...	189	...	118	307
1961	...	218	...	185	403
1962	...	230	...	239	469
1963	...	235	...	242	477
1964	...	286	...	311	597
1965	...	319	...	356	675
1966	...	327	...	361	688
1967	...	314	...	364	678
1968	...	347	...	314	661

It will be seen that whilst in 1968 there was an increase over 1967 in the number of children referred (10·5 per cent.), a corresponding decrease occurred on the adult side (13·7 per cent.). In the latter instance this was due to a large degree to the reduction in the number of cases notified by the hospitals upon patients' discharge.

### OTHER SERVICES

**Medical Examinations carried out by County Council Medical Staff.**—Medical staff in the health divisions and delegate districts have the responsibility of carrying out medical examinations for a variety of County Council purposes. It is not the policy of the Council to undertake for superannuation purposes the medical examination of newly appointed staff. Candidates complete a form of medical questionnaire (Form M.E.5) and only in cases where the answers given indicate some past medical history which raises doubt as to fitness for job is a physical medical examination given.

It is to be noted, however, that in the cases of certain categories of staff, notably staffs employed in the medical, nursing, day nursery and dental services, or where the employee will be in contact with children, satisfactory medical and X-ray reports are required before the candidate can take up duty. In addition, medical examinations are carried out at the request of other local authorities throughout the country who are offering appointments to candidates resident in the County area.

The table below shows the major groups of examinations undertaken during 1968. Similar information is given by health divisions and delegate districts in Table 28, page 177.

#### *Medical examinations undertaken in respect of—*

##### Fitness for job—County Council employees—

*Examinations carried out as a result of scrutiny of forms M.E.5	...	913
Posts requiring compulsory examination	... ..	1,204
Fitness to enter other local authority superannuation schemes	... ..	256
Fitness to enter other local authority sickness pay schemes	... ..	—
Fitness to resume work—County Council employees	... ..	109
Children in care of Children's Committee	... ..	2,062
Entry to teachers' training colleges	... ..	3,213
Entrants to teaching profession (Form 28 RQ)	... ..	526
Boothstown Remand Home	... ..	758
Others	... ..	231

\* During the year 10,877 forms M.E.5 were scrutinised, but only in those cases where a decision could not be given solely by reference to the form was an actual physical examination carried out.

**Nursing Homes.**—The law relating to nursing homes is contained in sections 187-195 of the Public Health Act, 1936, the Nursing Homes Act, 1963, and the Conduct of Nursing Homes Regulations, 1963.

At the end of 1968, there were 25 registered nursing homes in the Administrative County area, all of which are inspected periodically by the divisional medical staffs.

The 25 nursing homes are situated in the following districts:—

<i>Health Division No. 1—</i>				<i>Health Division No. 3—</i>			
Dalton-in-Furness U.D.	...	1		Lytham St. Annes M.B.	...	3	
Grange U.D.	...	2		<i>Health Division No. 4—</i>			
Ulverston U.D.	...	1		Clitheroe R.D.	...	1	
North Lonsdale R.D.	...	1		<i>Health Division No. 7—</i>			
<i>Health Division No. 2—</i>				Crosby M.B.	...	2	
Lunesdale R.D.	...	1		Formby U.D.	...	1	
Lancaster R.D.	...	1		West Lancashire R.D.	...	1	



<i>Health Division No. 10—</i>				<i>Health Division No. 13—</i>			
Golborne U.D.	...	...	1	Heywood M.B.	...	...	1
<i>Health Division No. 11—</i>				Littleborough U.D.	...	...	2
Turton U.D.	...	...	1	Milnrow U.D.	...	...	1
<i>Health Division No. 12—</i>				Wardlc U.D.	...	...	1
Radcliffe M.B.	...	...	1	<i>Health Division No. 16—</i>			
Rawtenstall M.B.	...	...	1	Urmston U.D.	...	...	1

The following is a summary of the action taken with regard to the registration of nursing homes during 1968—

No. of applications for registration received during 1968	...	...	...	4
No. of applications for registration under consideration at 31st December, 1967	...	...	...	nil
No. of certificates of registration issued	...	...	...	3
No. of applications withdrawn	...	...	...	nil
No. of applications refused	...	...	...	nil
No. of applications under consideration at 31st December, 1968	...	...	...	1
No. of certificates of registration cancelled	...	...	...	3
No. of inspections carried out during 1968	...	...	...	27

Particulars of the cases admitted to and treated in the nursing homes during 1968 are given in the following statement:—

(a) Maternity cases—								
(i) No. admitted	...	...	...	...	...	...	...	373
(ii) No. of confinements	...	...	...	...	...	...	...	321
(iii) No. of live births	...	...	...	...	...	...	...	321
(iv) No. of stillbirths	...	...	...	...	...	...	...	1
(v) No. of miscarriages	...	...	...	...	...	...	...	6
(vi) No. of deaths—mother	...	...	...	...	...	...	...	—
child	...	...	...	...	...	...	...	—
(vii) No. of confinements at which analgesia used	...	...	...	...	...	...	...	290
(b) Medical cases—								
(i) No. admitted	...	...	...	...	...	...	...	2,238
(ii) No. of deaths	...	...	...	...	...	...	...	263
(c) Surgical cases—								
(i) No. admitted	...	...	...	...	...	...	...	1,073
(ii) No. of operations performed	...	...	...	...	...	...	...	908
(iii) No. of deaths	...	...	...	...	...	...	...	12

**Nursing Agencies.**—Section 2 of the Nurses Agencies Act, 1957, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him to do so. The County Council are the licensing authority in the Administrative County, but at the end of 1968 there were no licensed agencies in the area.

**Visitors from other Countries, Organisations, etc.**—Many requests are received from organisations for their officers to visit the Administrative County of Lancaster to study the administration of the County health services, to make visits of observation with nursing, midwifery, health visiting and other field staff on their rounds, and to visit the various establishments.

During 1968, the County Health department officers, who spend an appreciable amount of time arranging programmes for such visitors, were pleased to welcome the following:—

March 18th/22nd	...	...	...	Miss W. Kirchmair, Austria.	Requested by University of Edinburgh, Department of Nursing Studies.
April	...	...	...	Miss S. Snape, Social Science Student.	Requested by Harris College, Preston.
July	...	...	...	Miss I. Peterson, Nursing Officer, Sweden.	On observation tour.
Sept. 16th/Oct. 4th	...	...	...	Miss C. Parchment, British Honduras.	Requested by Royal College of Nursing and National Council of Nurses.
October 14th/18th and November 13th/15th	...	...	...	Miss S. M. Seed, Assistant Superintendent District Nurse, Liverpool.	Requested by Rathbone College, Liverpool.
November 11th/15th	...	...	...	Miss E. A. Stickle, Assistant Superintendent, Queen's Institute of District Nursing, Edinburgh.	Requested by Rathbone College, Liverpool.
December 18th	...	...	...	Mrs. Pratt and Miss Rankethro, Administrative Course Students.	Requested by Royal College of Nursing.

These are, of course, [additional to the other visitors of various categories many of whom are studying for a professional qualification, *e.g.*, student health visitors, pupil midwives, qualified nurses taking district nurse training, students from teacher training colleges and the like.

## WELFARE SERVICES

### WELFARE OF THE AGED

Section 21 of the National Assistance Act, 1948, requires local welfare authorities to provide residential accommodation for those who are in need of care and attention which is not otherwise available to them. This obligation has been made the basis of a large and growing variety of services about which some details are given below. During the year under review policy continued to be guided by desire to diversify services as far as is practicable, so as to be able to meet individual needs rather than force the applicant to accept a rigid and preconceived "solution" to his difficulties.

**Residential Homes.**—The demand for residential accommodation continued unabated during 1968 and although the total amount of accommodation available by the 31st December, 1968, had increased substantially (there were 3,660 persons accommodated in County Council homes compared with 3,471 twelve months earlier), the rate of progress was not sufficient to make any reduction in the waiting list, which rose from 1,171 to 1,223.

Tables 29 and 31, pages 178 and 182, give details of persons accommodated in County Council homes, etc., during 1968. Similar information in respect of County residents in premises managed by other local authorities and by voluntary organisations is given in Tables 30, 32 and 33.

The following four homes were brought into use during 1968:—

Clifton House, Lytham St. Annes  
Roseheath, Halewood

Thornton Hall, Crosby  
Sherwood House, Platt Bridge

Clifton House and Roseheath were completed at the end of 1967 and the other two homes during 1968. Each accommodates 51 residents and are of single storey construction. Basically the homes are of three wings which can operate substantially as self-contained units, thereby reducing the somewhat oppressive impact that living in a large communal home can have and increasing the possibilities for each resident of membership of a congenial group. Special attention has been given in the design of the new homes to the provision of accommodation for the staff. A three-bedroom bungalow built on to each home is provided for the warden and there is similar accommodation for the deputy warden, which can alternatively be used for three single staff.

Work commenced during the year on 51-place homes at Newton-le-Willows, Middleton and Kearsley.

In recent years increasing difficulty has been experienced in finding sites for the 51-place single storey homes and during the year construction commenced on the first of the new multi-storey prototypes, a 50-place home at Leigh.

**The Health Services and Public Health Act, 1968.**—Section 44(1) of this Act enables local welfare authorities to extend their schemes under which local authorities provide residential accommodation with other local authorities and with voluntary organisations. Amended schemes may cover in addition, arrangements with privately-owned registered homes which are run for profit.

The County Council are not obliged to seek an amendment to their scheme and the Minister indicated when the Act came into effect that he did not intend for the present to issue any recommendation in the matter.

In deciding whether to seek a modification, consideration has to be given to the advantages and disadvantages that might be expected to result from the acquisition of a power to use privately run homes. The advantages might be held to be that more places would be available for local authority cases and that a wider range of homes could be used. The disadvantages could be that a number of residents now privately maintained may claim assistance, that an acceptable rate of profit might be difficult to determine and (perhaps the most important) that the selection standards of some private homes might result in priority being given to cases whose relevant position on the waiting list would not justify early admission.

The County Council decided to defer taking action in this matter for a period of 12 months.

**Day Care Service.**—In expanding this service the County Council accepted the principle of setting up day care services gradually at existing residential homes wherever room is available and the newcomers can be accommodated without the need for substantial capital expenditure. The largest single difficulty in the way of expanding the service was found to be transport and to relieve the ambulance service, extensive use was made of taxis on a contract basis. At the 31st December, 1968, 45 schemes were in operation with a total daily average attendance of approximately 132.

The selection of the old people is by reference to their need for care or their relatives' need for relief, so that in the main they are people whose names are already on the waiting list for admission to a welfare home. Applicants requiring specialised care more appropriately supplied by the hospital service are not eligible.

Old people usually attend on two or three days a week and the usual amenities of the home are available. A mid-day meal and afternoon tea are provided at a charge of two shillings. Transport is free.



**Short Stay Scheme.**—Quite frequently old people are admitted to residential homes on a temporary basis, sometimes to help them over a short period of difficulty and sometimes to allow them some experience of life in welfare accommodation before they finally decide whether to give up their homes. In addition to these informal arrangements, however, 20 places at The Empress, Morecambe, and 10 at The Cumberland, Fleetwood, are used for short-stay accommodation. Those admitted (generally for a fortnight) are people deemed to be in need of care (a) to restore their capacity for independent living, (b) to allow relatives a respite, (c) during the temporary absence of those who normally look after them, or (d) during their absence from an old people's home to facilitate redecoration or maintenance work.

During the year 612 residents were admitted for short-stay periods to these two homes (441 at The Empress and 171 at The Cumberland). The average occupancy rate for the year was 24 but as usual demand was greatly in excess of the available supply during the summer months. For this reason the places were allocated to divisions on a basis of relative pensionable population.

**Sheltered Housing for the Aged.**—One of the most striking developments that has taken place since the war in the welfare field has been the widespread provision by local housing authorities of warden supervised accommodation for the elderly. In Lancashire a formal scheme was drawn up in 1956 after consultations with the district councils associations whereby the County Council agreed to make grants towards the cost of approved sheltered housing schemes. The purpose of the annual grant (which is fixed initially on estimated costs and is not normally expected to exceed £50 a unit) is to meet expenditure by the district council on what are broadly described as "welfare" facilities—*i.e.*, the call-bell or audible intercommunication system, any communal rooms or laundry, and the remuneration and accommodation provided for the resident part-time warden. The grant is payable in respect of each unit of accommodation occupied by a tenant approved by the appropriate divisional medical officer as being in need of the special facilities provided and is also payable during void periods.

During the year under review 10 schemes were approved for grant purposes providing an additional 237 units of accommodation. Details of the schemes are as follows:—

County district	No. of units of accommodation			Estimated annual cost of welfare facilities			Estimated annual cost per unit of accommodation		
				£			£ s. d.		
Adlington U.D.	...	16	...	...	582	...	36	7	6
Ashton-in-Makerfield U.D.	24	...	...	...	1,224	...	51	0	0
Chorley M.B.	...	16	...	...	396	...	24	15	0
Horwich U.D.	...	49	...	...	1,914	...	39	1	3
Horwich U.D.	...	20	...	...	458	...	22	18	0
Prescot U.D.	...	28	...	...	476	...	17	0	0
Trawden U.D.	...	20	...	...	365	...	18	5	0
Worsley U.D.	...	20	...	...	380	...	19	0	0
Worsley U.D.	...	24	...	...	408	...	17	0	0
Whiston R.D.	...	20	...	...	470	...	23	10	0

As some schemes previously approved are not to be proceeded with, the above approvals brought the total of approved schemes to 168 and when all become operative the 77 district councils concerned will be providing sheltered housing for 4,188 persons. They vary widely in character but all have the essential minimum requirements of a resident warden and a call-bell or "intercom" system. The warden is not employed to provide care for the tenants in the usual sense but to see that the necessary domiciliary services are brought in as required. The knowledge that such a "good neighbour" is available in case of need provides a strong sense of reassurance for many tenants who would otherwise be beset by anxieties if they were living alone, and her watchful eye can detect the early signs of neglect as well as the unforeseen emergency.

In 1963 the Health Committee approved a scheme for the admission to sheltered housing of handicapped persons below pensionable age who it was considered were in need of and would benefit from the facilities available without unduly altering the general character of the scheme. A maximum of two admissions of this type to each scheme was laid down. Thirty-four tenants in this category have been admitted, four of whom entered the schemes during the year under review.

With the object of encouraging voluntary housing societies to provide sheltered housing facilities—*i.e.*, a warden system and warden's supervision—at their homes, the County Council in 1965 approved payment of an annual grant in respect of each approved resident. Grant is subject to the following conditions being met by the housing society and is made under section 119 of the Housing Act, 1957:—

- (a) The grants to be made to voluntary bodies who are registered Housing Associations, subject to the Health Committee being satisfied with the voluntary body's constitution.
- (b) Existing schemes shall be eligible for consideration, but the prior approval of the County Health Committee shall be obtained to all future schemes.
- (c) The minimum requirements shall be the provision of a resident warden and call-bell system.



- (d) The grants payable in respect of approved schemes shall be £10 a year in respect of each tenant agreed by the divisional medical officer. (The amount of grant was increased to £20 with effect from the 1st April, 1968.). The voluntary body shall be eligible for payment of this grant in respect of a period of vacancy if the previous tenant and the subsequent tenant are ones agreed by the divisional medical officer.
- (e) Grant shall only be payable in respect of new schemes if the accommodation has been approved by the Ministry of Housing and Local Government for the purpose of either improvement grant or hostel grant, as the case may be.

During the year additional voluntary housing schemes were approved and a total of 20 schemes providing 223 units of accommodation had been approved by the end of the year.

Following receipt of an application for grant by a voluntary housing society operating outside the Administrative County area, it was decided that it would be preferable on balance for payment of grant to be made to housing societies operating within the County area only, irrespective of the area from which the resident was admitted.

The scheme can only be described as an unqualified success, both in the extent to which it has encouraged district councils to embark upon such projects and in the degree to which the desirable results that were expected to flow from these initiatives have already been realised in practice. Two County-wide surveys have indicated that despite the fact that the applicants are selected for this accommodation as "at risk" cases, very few of them deteriorate in sheltered housing to a level that necessitates their transfer to a welfare home. Experiments in still further narrowing the gap between housing and welfare accommodation are in hand, in that about a dozen schemes are in operation or are at various stages of planning which involve the provision of 24-hour supervision of housing by the staff of an adjacent welfare home. This principle has been very successful at the following homes since the first scheme of this type at The Limes/The Hollies (Swinton) became operational in 1964:—

Beaumont View, Lancaster; Charnley Fold, Walton-le-Dale; Garswood House, Ashton-in-Makerfield; Brynheys, Worsley; Birchfold, Worsley; Hurst Hall, Ashton-under-Lyne; Castleford, Clitheroe; Dolphinlee House, Lancaster; Redcliffe, Prestwich.

**Care of the Aged in their Own Homes.**—The objects of the County Council's scheme to promote the care of old people in their own homes are to encourage and assist old people to continue to live in their own homes for as long as possible by the use of all available statutory and voluntary services and also to co-ordinate such services as well as to encourage and foster voluntary activity on behalf of the aged.

To achieve these objects the scheme provides for the establishment by divisional health committees of welfare sub-committees. Each sub-committee is fully representative and includes members from each district council, voluntary district old people's welfare committee, hospital management committee and local medical committee within the divisional area. Officers of the Department of Health and Social Security also serve in an advisory capacity together with geriatricians where such appointments have been made. Provision is also made for the appointment by health divisions of a divisional welfare organiser whose duties are to ensure on behalf of the divisional medical officer that the objects of the scheme are achieved.

Efforts have been made to establish in each County district and in each parish of a rural district a voluntary old people's welfare committee. Whilst the divisional medical officer is the co-ordinating link between the divisional welfare sub-committee and the voluntary committees, the usual practice is for the divisional welfare organiser to serve on the voluntary committees. Other divisional officers, such as nurses and health visitors, providing statutory services for the aged, are also co-opted on the voluntary committees.

The needs of those requiring assistance are categorised and kept under review, frequently by follow-up visits by voluntary and divisional field workers. As a result the demand for statutory services such as the provision of district nurses, home helps, health visitors, social security benefits and allowances, etc., has greatly increased and the following voluntary services are also being provided—meals on wheels, clubs, shopping, collecting pensions, changing library books, visiting, transport, provision of clothing and Christmas gifts.

There is very full co-operation between the County Council and the Community Council of Lancashire whose full-time field officer works closely with officers of the County Council in connection with the care of the aged and in the establishment of local old people's welfare committees. A grant of £1,750 was paid to the Community Council for the financial year ended 31st March, 1969.

**The National Assistance Act, 1948 (Amendment) Act, 1962.**—The effect of this Act, which came into operation in May, 1962, was to amend section 31 of the principal act and extend the existing powers of local authorities (within a County the County Council and the County District Councils) relating to the provision of recreation or meals for old people. Previously limited to making contributions to the funds of any voluntary organisation providing such services, local authorities may now make available further assistance in the form of premises, staff, furniture, vehicles, etc., and are authorised to provide meals and recreation for old people, either directly or through the agency of voluntary organisations.

The County Council policy had hitherto been to assist voluntary organisations at County level, grants to old people's clubs and meals services being dealt with by the County Districts and understood to amount to approximately £25,000 a year.



During 1964 the County Council and the County District Council Associations formulated a common policy for the exercise of their new concurrent powers and in doing so agreed that it would be undesirable to upset the work at present being generally well undertaken by voluntary bodies in providing meals and recreational facilities for old people. Under the scheme, which was welcomed by a conference of the County Council, County District Council Associations and the major voluntary bodies (the British Red Cross Society, the Lancashire Community Council, County Old People's Welfare Committee and the Women's Royal Voluntary Services), the County District Councils have the primary responsibility for expanding the services and for sponsoring and encouraging voluntary effort.

Applications from voluntary bodies are dealt with by the County District Councils, and the County Council have agreed to an equal partnership with the County Districts on the cost of assistance from public funds. The initial limit from the County Council to a County District is 4s. per head of pensionable population on an equal partnership and when this is matched by the County Districts there is available a total of about £130,000 a year.

The new arrangements for joint financial responsibility and the expansion of the existing services came into operation on the 1st April, 1965, and the following information shows the extent of the various services available at the end of 1968.

*Meals on Wheels Services—*

Number of County Districts operating schemes	...	...	...	104
Meals served weekly	...	...	...	9,301
Number of persons participating	...	...	...	4,755

*Luncheon Clubs—*

Number of County Districts operating clubs	...	...	...	62
Number of clubs	...	...	...	120
Total membership	...	...	...	6,027

*Old People's Clubs—*

Number of County Districts operating clubs—					
Part-time	...	...	...	...	89
Full-time	...	...	...	...	38
Number of clubs in operation—					
Part-time	...	...	...	...	382
Full-time	...	...	...	...	55
Membership—					
Part-time	...	...	...	...	38,548
Full-time	...	...	...	...	10,885

**Temporary Protection of Property.**—Where a person is admitted to any hospital or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any other place under an order made under section 47 of the Act, (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions), such person may not always have made arrangements for the disposal or safekeeping of his property. If it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This duty is imposed by section 48 of the National Assistance Act, 1948, but the Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made. Arrangements have been made for hospital management committees to co-operate by notifying divisional medical officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made.

Apart from the cases mentioned, there arises also the problem of safeguarding the property of those patients who are incapable of managing their own affairs because of mental incapacity. Jurisdiction in these matters is exercised through the Court of Protection, Royal Courts of Justice, to whom it is necessary to make application for orders appointing receivers to manage and administer a patient's estate or give such other directions as may be appropriate and necessary. Section 49 of the National Assistance Act, 1948, authorises the defraying of expenses in connection with applications made by an officer of the County Council.

Where there are no relatives able or willing to act on behalf of the patient, applications are made centrally and require much care in preparation and presentation as well as in acting upon the Court's directions.

Not infrequently the department is called upon to deal with the estates of former residents in homes or persons whose property has been protected under section 48 of the National Assistance Act when these die leaving no known next-of-kin, and this involves the preparation of a detailed report to the solicitor for the Duchy of Lancaster.

WELFARE OF THE HOMELESS

**Accommodation for Homeless Families.**—The policy of the County Council concerning families falling within the scope of section 21 (1) (b) is to maintain and preserve the family as a unit, primarily in the interests of the children but also to improve the prospects of ultimate rehousing and to facilitate such rehabilitative work as may be possible or appropriate whilst the family are in County Council accommodation.

Two properties are in use as special family unit accommodation, viz., The Hollins, Farnworth, providing for 21 families, and 31, Ashburton Road, Trafford Park, housing six families. The premises are designed to provide separate quarters for each family, comprising living room, kitchen and bedrooms with separate bathroom and indoor and outdoor toilets. Electricity is supplied as part of the service and constant hot water is available but gas for cooking purposes is obtained by the families by prepayment slot meters.

Mothers are required to clothe and feed their families and to maintain their quarters in a clean and reasonable condition. The supervisors give such domestic training advice and help as conditions require whilst a social worker deals with personal problems primarily to secure rehousing of the families as quickly as possible.

In order to ease the pressure for accommodation and at the same time provide temporary housing for families where close supervision is not considered necessary, it has been possible to arrange temporary leases on properties purchased by the Lancashire County Council for purposes such as future road works, etc. These properties are all due for demolition at the end of a given period and in December, 1968, 18 properties were being used as individual units of temporary accommodation.

A comparative statement of the families in temporary accommodation at the end of 1967 and 1968 is given below.

Premises	December, 1967			December, 1968			Total persons
	No. of families	Total persons		No. of families	Parents	Children	
The Hollins, Farnworth	20	116	...	21	25	69	94
31 Ashburton Road, Trafford Park	6	26	...	6	6	19	25
Individual units ...	18	105	...	18	34	74	108
Total	44	247	...	45	65	162	227

During the year 77 families were admitted and 76 families were discharged. The following analysis gives details of those discharged from temporary accommodation:—

Period in County Council accommodation—								No. of families
Less than four weeks	...	...	...	...	...	...	...	40
One to three months	...	...	...	...	...	...	...	18
Three to six months	...	...	...	...	...	...	...	9
Six to 12 months	...	...	...	...	...	...	...	7
Over 12 months	...	...	...	...	...	...	...	2

Reason for discharge—								
Obtained tenancy of Council house	...	...	...	...	...	...	...	1
Obtained private accommodation	...	...	...	...	...	...	...	47
Placed in “intermediate” accommodation	...	...	...	...	...	...	...	5
Returned to husband or other relative	...	...	...	...	...	...	...	13
Took own discharge—address unknown	...	...	...	...	...	...	...	10

**Intermediate Housing.**—In 1956 the County Council approved a scheme for dealing with the problems of homelessness in co-operation with district councils as housing authorities. The scheme provided for the County Council to indemnify district councils against certain financial losses incurred in respect of intermediate houses made available for the accommodation of homeless families. During 1968 discussions were held between the County Council and the three Lancashire Associations of County District Councils resulting in the Associations agreeing to recommend to their member authorities that each should offer at least one house over the next few years as intermediate accommodation for the homeless. For their part the County Council agreed that in future a grant would be paid to cover any rent losses on such houses. This has already led to a substantial increase in the number of intermediate houses available, the total provision by the year end being as follows:—



Authority	No. of houses	Authority	No. of houses
Ashton-under-Lyne M.B.C.	1	Newton-le-Willows U.D.C. ...	3
Barrowford U.D.C....	1	Radcliffe M.B.C. ...	3
Chadderton U.D.C.	1	Rawtenstall M.B.C. ...	2
Crosby M.B.C. ...	1	Stretford M.B.C. ...	1
Darwen M.B.C. ...	3	Swinton & Pendlebury M.B.C.	2
Eccles M.B.C. ...	4	Skelmersdale and Holland U.D.C.	1
Farnworth M.B.C. ...	1	Whitefield U.D.C. ...	1
Great Harwood U.D.C.	1	Widnes M.B.C. ...	2
Haslingden M.B.C.	1	Worsley U.D.C. ...	1
Haydock U.D.C. ...	1	Walton-le-Dale U.D.C. ...	1
Heywood M.B.C. ...	1	Blackburn R.D.C. ...	2
Horwich U.D.C. ...	1	Preston R.D.C. ...	1
Kirkby U.D.C. ...	4	Whiston R.D.C. ...	1
Leyland U.D.C. ...	2		

*Additional Measures taken to reduce Homelessness.*—In the discussions with the District Councils Associations to which reference has been made above, agreement was also reached on the inception of an “early-warning” system which would entail the housing authority notifying the appropriate officer of the County Council of any family residing in a municipal house against whom the district council contemplated eviction proceedings. The intention is to enable the County Council’s social workers to investigate and make recommendations to the housing authority. Where children are involved the County Council can guarantee the district council against further rent losses whilst attempts are made to work with the family if a decision to seek possession is postponed at the request of the social worker.

The district councils have also been asked to accept responsibility for rehousing those homeless families who have some residential claims to be re-settled in a particular district and other families (normally from temporary accommodation) by agreement in the light of the family’s wishes and the availability of employment and schools.

WELFARE OF HANDICAPPED PERSONS

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, or who are substantially or permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister of Health. Arrangements are made by the County Council in accordance with schemes approved by the Minister.

**Blind Persons.**—REGISTRATION OF BLINDNESS.—Applicants for registration are examined on behalf of the County Council by consultant ophthalmologists or registered medical practitioners with special experience in ophthalmology.

During the year 1968, 1,211 examinations or re-examinations took place. A total of 413 persons were certified as blind on initial examination and 130 on re-examination.

The following statement analyses the sources from which applicants for registration were referred to the County Council during 1968:—

(a)	General practitioner	...	...	...	...	...	31
(b)	Medical source other than general practitioner	...	...	...	...	...	251
(c)	Ministry of Social Security	...	...	...	...	...	91
(d)	Lay source other than Ministry of Social Security	...	...	...	...	...	384
TOTAL							757

At the end of 1968 there were 4,519 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For comparison, figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	50—	65—	
1967 ...	16	92	63	510	809	3,006	4,496
1968 ...	11	94	67	510	826	3,011	4,519

**REHABILITATION OF THE NEWLY BLIND.**—The Royal National Institute for the Blind offers courses at the Queen Elizabeth Homes of Recovery at Torquay to newly blind persons who require rehabilitation before being trained to re-enter employment. Arrangements for the attendance of suitable persons are made by the Department of Employment and Productivity.

There are many others, elderly people and housewives, who need help and guidance in adjusting themselves to their new condition of blindness. Social welfare officers of the blind do much to help them but their ability to do so is inevitably restricted because of the large number of blind persons within the care of each.

To meet this need the Royal National Institute for the Blind provides a special residential home of recovery at Oldbury Grange, Bridgnorth, Shropshire, where people are helped to become active and independent. A course of training for day-to-day living is usually of about three months' duration.

Where the full cost of the social rehabilitation course cannot be met by the persons concerned the County Council grant financial assistance in accordance with a scale used for various services provided for handicapped persons. During 1968 assistance was given in one such case.

**EMPLOYMENT.**—The Department of Employment and Productivity is responsible for the placing of blind persons in employment. Although the County Council have no direct responsibility in this sphere it is nevertheless relevant to their welfare responsibilities to note that blind persons resident in Lancashire were at the end of the year engaged in occupations (other than in sheltered employment, details of which are given on page 106) as shown in the following table:—

Group Classification	Occupation	No.	Group Classification	Occupation	No.
I 1	Masseurs and physiotherapists ...	5	IV 3	Animal husbandry (including poultry keeping) ...	1
I 2	Lecturers, teachers, instructors (including craft instructors) ...	1	V 1	Machine tool operators ...	48
I 3	Clergy and members of religious orders ...	5	V 2	Fitters and assemblers ...	18
I 4	Barristers, solicitors and related workers ...	2	V 3	Viewers, inspectors, testers ...	10
I 5	Musicians (including music teachers) ...	2	V 4	Boxers, fillers, packers ...	8
I 6	Social, welfare and related workers (including placement officers) ...	4	V 5	Warehousemen, storekeepers and assistants ...	4
I 7	Proprietors, managers and executive workers in industry and commerce ...	—	V 6	Carpenters and joiners ...	2
I 8	Other workers in Group I (not elsewhere classified) ...	—	V 7	Knitters (hand and machine), weavers, netting makers ...	3
II 1	Typists, shorthand typists, secretaries ...	21	V 8	Upholsterers, machinists (bedding, etc.), mattress makers ...	—
II 2	Braille copyists and proof readers ...	2	V 9	Basket makers ...	—
II 3	Clerical workers ...	5	V 10	Mat makers ...	2
II 4	Telephone operators ...	21	V 11	Chair seaters ...	—
III 1	Working proprietors, shop managers ...	3	V 12	Brush makers ...	—
III 2	Shop assistants, salesmen ...	2	V 13	Wireworkers ...	5
III 3	Street vendors, newsvendors, hawkers ...	4	V 14	Boot and shoe repairers ...	—
III 4	Sales representatives, agents, collectors, commercial travellers ...	—	V 15	Piano tuners ...	4
IV 1	Farmers, farm managers, market gardeners, farm workers ...	6	V 16	Firewood workers ...	—
IV 2	Gardeners, groundsmen ...	1	V 17	Craftsmen and production process workers (not elsewhere classified) ...	12
			V 18	Labourers (not elsewhere classified) ...	29
			VI 1	Domestic/canteen workers, cleaners, caretakers, porters ...	9
			VI 2	Launderers, dry cleaners ...	1
			VI 3	Miscellaneous workers (not elsewhere classified) ...	24
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**SOCIAL WELFARE OFFICERS OF THE BLIND.**—The social work services for the blind in the greater part of the Administrative County area are carried out by voluntary societies for blind welfare acting as agents for the County Council. The social welfare officers of the blind in the areas concerned are employed by the County Council but are seconded to the societies.

In July, 1967, the Health Committee agreed that the work of the social welfare officers of the blind be administered on a divisional basis. This would benefit the social welfare officers by bringing them in closer contact with the general welfare services for the handicapped. They will still assist voluntary societies as they have done previously, particularly in the running of handicraft social centres for the blind.

Discussions with the voluntary societies took place during the year and it was agreed that the social work service should be administered by Divisional Health Committees with effect from the 1st January, 1969.

On the 31st December, 1968, the establishment of social welfare officers of the blind was 48. Their main duties were:—

- (i) discovery of blind persons and ascertainment of their needs;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
- (iii) teaching blind persons wherever practicable to read embossed literature;
- (iv) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
- (v) generally assisting in promoting the welfare of blind persons;
- (vi) advising blind persons of all available social services, including entitlement to social security benefits and allowances or financial assistance from other sources;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness;
- (viii) organising social centres and classes;
- (ix) care of the pre-school child and school child on holiday.



SOCIAL AND HANDICRAFT CENTRES.—At the end of 1968 there were 56 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were provided.

The following list shows the districts in which the social and handicraft centres were situated:—

Accrington	Failsworth	Ormskirk
Ashton-under-Lyne	Farnworth	Orrell
Ashton-in-Makerfield	Fleetwood	Padiham
Atherton	Fulwood	Prestwich
Bacup	Golborne	Radcliffe
*Barrow-in-Furness	Halewood (Whiston R.D.)	Rishton
*Blackpool (2)	Heywood	*Rochdale
Brierfield	Hindley	Standish
*Burnley	Horwich	*St. Helens
Chadderton	Huyton	Stretford
Chorley	Kirkby	Swinton and Pendlebury
Colne	Lancaster	Thornton Cleveleys
Crompton	Leigh	Ulverston
Crosby	Litherland	Walton-le-Dale
Darwen	Lytham St. Annes	Westhoughton
Denton	Middleton	Widnes
Droylsden	Morecambe	*Wigan
Eccles	Mossley	Worsley
	Nelson	

\*Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

TALKING BOOKS FOR BLIND PERSONS.—The British Talking Book Service for the Blind is organised by the Royal National Institute for the Blind in co-operation with St. Dunstan's. Originally library members used disc machines, but in May, 1964, the Library Committee decided not to issue any more machines of this type nor sanction their transfer to new users. Thus eventually all library members will use tape machines, which remain the property of the library and are only available on rental.

At the end of the year machines as under were in use by County residents:—

							Blind	Partially sighted
<i>Disc type—</i>								
Owned by user	...	...	...	...	...	...	5	—
Loaned to user by:—								
Agencies for the Blind	...	...	...	...	...	...	3	—
County Council	...	...	...	...	...	...	4	1
Other bodies, e.g. Rotary, Inner Wheel, Round Table, etc.	...	...	...	...	...	...	5	—
<i>Tape type—</i>								
Rental paid by:—								
User	...	...	...	...	...	...	4	5
Agencies for the Blind	...	...	...	...	...	...	765	53
Other bodies, e.g. Rotary, Inner Wheel, Round Table, etc.	...	...	...	...	...	...	20	1

Since April, 1966, the County Council have on request paid the rental for all County users of tape machines. As cassettes containing the tape recordings may be sent by post free of charge, a completely free service is provided for library members.

HOLIDAYS FOR BLIND AND PARTIALLY SIGHTED PERSONS.—The scheme of the County Council for the welfare of blind and partially sighted persons provides that the Council shall promote facilities for holidays.

In addition to group holiday arrangements made by various local blind societies, the Council assisted individual blind people to have a holiday. Financial assistance was granted by the Council in 136 cases and details of these are set out below:—

Holiday Accommodation	Number of persons
Henderson Holiday Home, Blackpool ... ..	23
Princess Alexandra Home, Blackpool ... ..	7
Godfrey Ermen Home, Southport ... ..	25
North Regional Association for the Blind Group	
Holidays at Scarborough ... ..	25*
North Regional Association for the Blind Homes	3
Royal National Institute for the Blind Homes ...	6
Manchester Jewish Home, Southport ... ..	1
Group holidays arranged by local Blind Societies	41
Private booking ... ..	5
Total	136

\* Includes one deaf/blind: in this case the Council also granted financial assistance to the sighted guide.

The County Council also assisted blind people and their guides to travel to holiday addresses by providing ambulance service transport, railway warrants, bus fares or hired coaches.

WIRELESS TELEGRAPHY ACTS, 1949 AND 1955.—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate, issued by or under the authority of the Council of the County or of the County Borough in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough, may receive a wireless licence without the payment of any fee or purchase a combined licence for sound and television for 25/- less than the usual fee.

Applications for certificates of blindness for blind persons living in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmologists acting on behalf of the County Council, the certificate is issued.

During the year 476 certificates were issued.

CERTIFICATES OF BLINDNESS FOR THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY.—To enable blind persons to receive the higher rate of benefit payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, certificates of blindness in respect of the majority of the 543 persons who were registered as blind during the year 1968 were forwarded to the Department of Health and Social Security.

Partially Sighted Persons.—For the purposes of the County Council’s scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. A register of partially sighted persons resident in the Administrative County area is maintained and services and facilities provided for the blind or general classes of the handicapped, as appropriate, are made available to them.

At the end of 1968 there were 1,942 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups. For comparison, the figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	50—	65—	
1967 ... ..	9	128	65	213	243	1,236	1,894
1968 ... ..	11	138	66	218	240	1,269	1,942

Deaf or Dumb Persons.—Local Societies for the Deaf act as agents of the County Council for the provision of welfare services in accordance with the Council’s scheme and provision is made for minority representation of the Council on the committees of the various societies. Qualified welfare officers employed by the societies assist deaf people in many ways—by visiting, acting as interpreters, in obtaining employment, etc. In addition, they supervise institutes which cater for the religious, recreational and welfare needs of deaf and dumb people.

The County Council make a grant to each society based on the number of deaf persons over 16 years of age resident in the County area supervised by the society.

The following statement shows the Societies for the Deaf which received payments from the County Council for 1968 and the number of deaf persons living in the Administrative County area who were supervised by these societies:—

Deaf Society	No. of deaf persons aged 16 years and over
Blackpool and Fylde ... ..	42
Bolton, Leigh and District ... ..	125
Bury and District ... ..	12
Carlisle (Barrow) Diocesan Mission ... ..	13
Liverpool Adult Deaf and Dumb Society ... ..	127
Liverpool Catholic Deaf Society of St. Vincent de Paul ... ..	64*
Manchester Institute for the Deaf ... ..	200
North and East Lancashire Welfare Association ... ..	255
Oldham ... ..	56
Rochdale and District ... ..	51
Salford and District Association ... ..	63†
Southport and District ... ..	22
St. Helens and District ... ..	26
Warrington, Widnes and District ... ..	54
Wigan and District ... ..	80
Total	1,190

\* Included in the 127 supervised by the Liverpool Adult Deaf and Dumb Society.  
† Included in the 200 supervised by the Manchester Institute for the Deaf.



The amount paid to the North Regional Association for the Deaf for the financial year 1968-69 was £958 8s. 0d.

**Handicapped Persons other than the Blind, Partially Sighted, Deaf and Dumb.—REGISTER.—**There were more names on the County Council's register of handicapped persons at the end of the year 7,306 as compared with 6,617 on the 31st December, 1967.— Details of those registered on the 31st December, 1968, classified in accordance with the Department of Employment and Productivity code for disabled persons, are as follows:—

Code	Classification of handicap	Sex	Age in years					Total (all ages)
			0—	16—	30—	50—	65—	
A/E	Amputation ... ..	M.	1	8	65	123	152	349
		F.	—	6	25	48	82	161
F	Arthritis and rheumatism ... ..	M.	2	5	36	134	129	306
		F.	2	14	91	478	519	1,104
G	Congenital malformations and deformities	M.	31	35	24	27	18	135
		F.	33	41	46	50	25	195
H/L	Diseases of digestive and genito-urinary systems, of heart or circulatory system, of respiratory system (other than tuberculosis) and of skin.	M.	8	32	62	253	131	486
		F.	18	24	71	214	125	452
Q/T	Injuries of head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of upper and lower limbs and of spine.	M.	16	56	114	169	96	451
		F.	12	41	87	145	107	392
V	Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	M.	73	161	305	498	194	1,231
		F.	37	156	388	560	200	1,341
U/W	Neurosis, psychoses and other nervous and mental disorders not included in V.	M.	4	13	39	26	16	98
		F.	6	21	42	45	15	129
X	Tuberculosis (respiratory) ... ..	M.	—	—	19	20	13	52
		F.	—	13	14	10	3	40
Y	Tuberculosis (non-respiratory) ... ..	M.	—	2	12	10	6	30
		F.	—	3	12	11	8	34
Z	Diseases and injuries not specified above	M.	16	27	31	58	25	157
		F.	1	20	33	72	37	163
	TOTAL ... ..	M.	151	339	707	1,318	780	3,295
		F.	109	339	809	1,633	1,121	4,011

**OCCUPATIONAL THERAPY.**—Occupational therapists and handicraft instructors employed by the County Council attended handicapped persons in their own homes and gave instruction at social centres. In some divisions they taught handicrafts to residents of County Council Part III establishments. A full-time occupational therapist or handicraft teacher is employed in fourteen divisions, whilst part-time staff are employed in the remaining three divisions. One of the delegate authorities has a full-time occupational therapist. In some of the larger divisions two or more full-time or part-time officers are employed.

In 1968, 12,584 domiciliary visits were made to 1,933 persons as compared with 11,792 visits to 1,851 persons in 1967. Handicraft classes were held in some districts under the Further Education Regulations, teaching staff being employed by the Education Committee. The number of persons attending classes, including those held at social centres, was 1,229. The comparable figure for 1967 was 1,249.

**SOCIAL CENTRES.**—County Council social centres have now been set up in all of the 17 health divisions and also in three of the four delegate districts. At the end of the year there were 45 in operation with a total active membership of 1,700. Voluntary organisations such as the Inskip League of Friendship, the Cripples' Help Society and the Invalid Tricycle Association also run social centres for the handicapped in some areas. Financial assistance was given to various local branches of these organisations.

**OCCUPATIONAL CENTRES.**—Two centres were in operation at the end of the year—at Caton where 11 men, attending daily, worked under the supervision of a qualified wood machinist and at Leyland where there was a part-time supervisor, 28 men and women attended on four days per week.

**SOCIAL WORKERS.**—Bearing in mind the recommendations of the Younghusband Committee, the County Council decided to employ a social worker in every division except Health Division No. 1 where it was considered more appropriate to employ a welfare assistant.

The social workers on the staff are employed to provide services for the aged and the physically handicapped, and their duties include the maintenance of waiting lists for County Council residential accommodation. The divisional welfare organiser is now employed as a senior social worker with some administrative duties.

By the end of the year the County Council were employing 17 divisional welfare organisers, 30 whole-time and two part-time social welfare officers, 29 trainee social welfare officers and 17 whole-time and one part-time welfare assistants. Included in these figures are officers who during the year were sent on two-year and one-year training courses in social welfare work, six on the former and four on the latter.

**RESIDENTIAL ACCOMMODATION.**—*Lakeland View Home for the Physically Handicapped, Fleetwood.*—This 50-place specialised home for the handicapped has 38 permanent and 12 temporary places. The permanent accommodation was fully occupied throughout the year and there continued to be heavy demand on the temporary places for both short-stay in winter and holidays during the summer months.

A further home for the handicapped is in the course of erection at Swinton with another proposed in Crosby.

On the 31st December, 1968 the County Council were maintaining 179 epileptics in colonies and homes and 91 handicapped persons in homes run by voluntary organisations. In addition, 1,031 handicapped persons were maintained in the County Council's welfare homes or homes managed by other welfare authorities. By far the largest proportion of these persons had handicaps associated with old age, but 11 men and seven women between the ages of 16 and 30 years, and 17 men and 26 women between the ages of 30 and 50 years, were living in welfare homes provided by the County Council.

**HOLIDAYS.**—Arrangements were made for 580 handicapped persons to have a holiday during the year, either two weeks at a convalescent home or at Lakeland View, Fleetwood, or one week at a holiday camp. Details are as follows:—

					No. of handicapped persons
Convalescent homes	...	...	...	...	107
Prestatyn Holiday Camp	...	...	...	...	170
Other holiday camps	...	...	...	...	123
Lakeland View, Fleetwood	...	...	...	...	178
Total					<u>578</u>

Handicapped persons staying at holiday camps were conveyed by motor coach except for a small number who preferred to travel in their own motor invalid tricycles. Others staying in Lakeland View and convalescent homes were conveyed by ambulance transport (252 cases) or were able to use public transport.

**TRANSPORT.**—*General.*—In addition to the transport mentioned in the preceding paragraph, arrangements were made to convey severely handicapped persons to weekly meetings at social and/or handicraft centres. During the year 194 persons were regularly conveyed by ambulance service vehicles, 579 by private hire transport and 587 by the specialised vehicles now in use in Health Divisions Nos. 2, 3, 4, 9, 11, 12, 14 and 17.

There is no doubt that the provision of suitable transport is a vital need in the establishment and operation of satisfactory services for all types of handicapped persons and it can be assumed that expenditure will continue to rise as the County Council's services for the handicapped develop and expand. There is a particular need for specialised vehicles in more health divisions and eight are now operating in various parts of the County.

**CAR PARKING BADGES.**—On a recommendation of his Advisory Committee on Health and Welfare Services the Minister of Health, in 1961, asked local welfare authorities to issue badges to identify the vehicles of handicapped drivers whose disability allowed only limited mobility. Each local authority was left to make its own arrangements for the issue of badges. The scheme was subsequently reviewed by the Ministry who recommended no changes in its operation but clarified the categories of handicapped persons eligible to receive badges, viz:—

1. Those with invalid carriages supplied by the Ministry of Health.
2. Those with defects of locomotion who need specially adapted vehicles.
3. Those who as a result of amputations or with heart and chest conditions have really severe difficulty in walking or who have a defect of the spine or central nervous system which makes control of the lower limbs difficult.

The County Council are issuing these badges in appropriate cases and by the end of the year they had been supplied to 850 handicapped persons. The number of badges issued or renewed during the year was 312. The badges are valid for a period of three years from date of issue.



**ADAPTATIONS AT THE HOMES OF HANDICAPPED PERSONS.**—Assistance was given to 108 handicapped persons in connection with adaptations needed at their homes to enable the Ministry of Health to supply an invalid vehicle and storage shed. In addition, 317 persons were assisted with alterations designed to afford them greater comfort or convenience. The cost to the County Council was £17,046.

**AIDS, GADGETS AND EQUIPMENT.**—Small items costing £5 or less are provided free. Equipment costing more than £5, such as lifting hoists, page turners, etc., are supplied on loan and can be withdrawn and re-issued when no longer needed by the handicapped person.

**CHARGES FOR SERVICES PROVIDED FOR HANDICAPPED PERSONS.**—With a few exceptions adaptations are now carried out at the homes of handicapped persons free of charge and items of equipment, *e.g.*, lifting devices and aids to daily activities are issued free or on loan. Those persons helped under the assisted holiday scheme are assessed to contribute in accordance with their means.

**EPILEPTICS AND SPASTICS.**—The following statement shows the number of persons ordinarily resident in the Administrative County who are known to be suffering from epilepsy or cerebral palsy:—

				Age (years)		Total
				0—	16—	
<i>Epileptics</i> —						
At home or in special schools	...	...		244	384	628
In epileptic colonies	...	...		—	179	179
In other Part III accommodation	...	...		3	27	30
Total				247	590	837
<i>Spastics</i> —						
At home or in special schools	...	...		319	355	674
In homes run by voluntary organisations	...	...		—	14	14
In other Part III accommodation	...	...		2	30	32
Total				321	399	720

The services provided for epileptics and spastics and the liaison between the local health services and the diagnostic and remedial services provided by regional hospital boards continued unchanged throughout the year.

**Provision of Sheltered Employment for Blind, Partially Sighted and Severely Disabled Sighted Persons.**—A scheme approved by the Minister of Labour, for the provision of sheltered employment for blind, partially sighted and severely disabled sighted persons came into operation on the 10th January, 1966.

Details are given below in regard to the sheltered employment of seriously disabled persons in accordance with the scheme.

**BLIND AND PARTIALLY SIGHTED.**—At the end of 1968 the following 13 workshops employed a total of 117 blind and partially sighted persons under arrangements with the County Council:—

Controlling Body	Address of Workshop for the Blind
Blackburn County Borough Council ... ..	Mill Hill Street, Mill Hill, Blackburn.
Blackpool and Fylde Society for the Blind ...	Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council ... ..	Marsden Road, Bolton.
Fulwood (Preston) Institute for Blind Welfare ...	Lytham Road, Fulwood, near Preston.
Industrial Services Consortium (formerly Leeds County Borough Council) ... ..	Roundhay Road, Leeds.
Liverpool Workshops for the Blind ... ..	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Institute ... ..	Brunswick Road, Liverpool.
Oldham Workshops for the Blind Management Committee ... ..	New Radcliffe Street, Oldham.
St. Helens County Borough Council ... ..	Boundary Road, St. Helens.
S.E.L.N.E.C. (Local Authority) Sheltered Workshop Committee ... ..	Old Trafford, Manchester, 16.
Stockport County Borough Council ... ..	St. Petersgate, Stockport.
Warrington County Borough Council ... ..	Richmond Avenue, Warrington.
Wigan, Leigh and District Society for the Blind ...	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below :—

Occupation	Men	Women	Total
Brush maker ... ..	35	2	37
Skip and basket maker ... ..	27	1	28
Machine knitter ... ..	—	16	16
Mat maker ... ..	12	—	12
Mattress maker ... ..	3	—	3
Assembly worker ... ..	—	1	1
Chair caner ... ..	—	1	1
Furniture maker ... ..	3	—	3
Piano tuner ... ..	2	—	2
Seamstress ... ..	—	2	2
Other ... ..	12	—	12
Undergoing re-training ... ..	—	—	—
TOTAL ...	94	23	117

*Remuneration.*—In July, 1967, a new national wages structure for employees in workshops for the blind providing for higher rates of pay and for the termination of the system based on “earnings” and “augmentation” was introduced. Since then all payments to workshop employees have been treated as wages, the County Council’s payment to workshops in respect of their trading losses now includes a contribution towards employees’ wages. In addition to the standard rate an employee may receive a service supplement and/or production bonus.

A further increase in the basic rates for employees of workshops for the blind which links them to the rates payable to local authorities’ manual workers was agreed by the National Joint Council of Workshops for the Blind effective from 30th September, 1968.

All the blind persons employed at workshops for the blind are registered under the Disabled Persons (Employment) Acts, 1944 and 1958, and are approved as blind workers by the Department of Employment and Productivity.

*HOME WORKERS SCHEME.*—The County Council operate a home workers scheme in accordance with the recommendations of the Local Authorities Advisory Committee. This lays down minimum net weekly earnings for different occupations which must be attained before a blind person is eligible for admission to the scheme. Augmentation is also paid by the County Council to home workers. On earnings up to and including £3 0s. 0d. per week an additional £7 12s. 6d. per week is paid to men and £6 18s. 6d. per week to women. For earnings over £3 0s. 0d. per week a reduced amount of augmentation is paid in accordance with a sliding scale.

All home workers are registered under the Disabled Persons (Employment) Acts, 1944 and 1958, and approved by the Department of Employment and Productivity.

The following agencies for the blind supervise on behalf of the County Council the blind persons included in the home workers’ scheme:—

- Accrington and District Institution for the Blind.
- Ashton-under-Lyne and District Society for the Blind.
- Colne and District Society for the Blind.
- Fulwood (Preston) Institute for Blind Welfare.
- Liverpool Cornwallis Street Workshops for the Blind.
- National Library for the Blind (Northern Branch).
- Rochdale and District Blind Welfare Society.
- Wigan, Leigh and District Society for the Blind.

The occupations of the home workers at the end of 1968 were as follows:—

Occupation	Men	Women	Total
Piano tuner ... ..	6	—	6
Hand/machine knitter ... ..	—	6	6
Braille copyist and proof-reader ... ..	2	4	6
Firewood dealer ... ..	1	—	1
Boot and shoe repairer ... ..	1	—	1
Poultry keeper ... ..	—	1	1
Confectioner ... ..	1	—	1
News vendor ... ..	1	—	1
Music teacher ... ..	—	1	1
TOTAL ...	12	12	24

*PHYSICALLY HANDICAPPED.*—At the end of the year six men and one woman were employed at basketry finishing, book binding, textile hand block printing and general work in the following workshops under arrangements with the County Council and with the approval of the Department of Employment and Productivity:—

Controlling Body	Address of Workshop
Burnley County Borough Council ... ..	Brunswick Street, Todmorden Road, Burnley.
Queen Elizabeth’s Foundation for the Disabled ... ..	Dorincourt Estates, Leatherhead Court, Surrey.
Scottish Epilepsy Association’s Workshops ... ..	Seaborn Industries, Glasgow.
Sir Robert Jones Memorial Workshops ... ..	74, Upper Parliament Street, Liverpool, 8.
Yateley Industries for Disabled Girls ... ..	Mill Lane, Yateley, Camberley, Surrey.

*MENTALLY DISORDERED.*—One man and six women were employed at the end of 1968 under the sheltered employment scheme in making carnival novelties at Cheadle Royal Hospital, Cheadle, Cheshire.



## OTHER SERVICES

**Registration of Homes for Disabled and/or Old Persons.**—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the councils of counties and county boroughs of disabled persons' and old persons' homes.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the divisional health committees and 74 such homes were registered at 31st December, 1968. The homes were situated in the areas of the following health divisions:—

Health Division No.	District	No. of registered homes
1	Grange U.D. ... ..	1
2	Lancaster M.B. ... ..	2
	Lancaster R.D. ... ..	3
	Morecambe and Heysham M.B. ... ..	3
3	Fleetwood M.B. ... ..	3
	Lytham St. Annes M.B. ... ..	20
	Poulton-lc-Fylde U.D. ... ..	1
	Thornton Cleveleys U.D. ... ..	3
4	Fulwood U.D. ... ..	1
	Leyland U.D. ... ..	1
	Preston R.D. ... ..	2
5	Accrington M.B. ... ..	2
	Oswaldtwistle U.D. ... ..	1
	Clitheroe R.D. ... ..	1
6	Nelson M.B. ... ..	2
	Burnley R.D. ... ..	1
	Colne M.B. ... ..	1
7	Crosby M.B. ... ..	5
	Formby U.D. ... ..	2
	West Lancashire R.D. ... ..	1
9	Widnes M.B. ... ..	1
10	Haydock U.D. ... ..	1
11	Leigh M.B. ... ..	1
12	Prestwich M.B. ... ..	2
	Haslingden M.B. ... ..	1
	Tottington U.D. ... ..	2
13	Heywood M.B. ... ..	1
14	Lees U.D. ... ..	1
	Royton U.D. ... ..	1
15	Eccles M.B. ... ..	2
	Swinton and Pendlebury M.B. ... ..	1
16	Urmston U.D. ... ..	3
17	Ashton-under-Lyne M.B. ... ..	1
	<b>TOTAL—Administrative County ... ..</b>	<b>74</b>

**War Charities Act, 1940.**—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate divisional health committees and at 31st December, 1968, there were 87 charities registered.

**Charities Act, 1960.**—The County Council maintain an index of local charities in accordance with information supplied by the Charity Commission.

**Civil Defence.—Welfare Section.**—In accordance with Government policy civil defence was placed on a care and maintenance basis only during 1968.

**Compulsory Removal of Persons in need of Care and Attention.**—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

Use of the above powers was found necessary in 14 instances during 1968, although in one case the court refused to make an order. Removal to hospital was ordered in seven cases and to homes for the aged in six. Of the former, four died whilst two remained in hospital and one was transferred to a home for the aged. Of those admitted to homes for the aged, four remained, and two were subsequently admitted to hospital.



SANITARY CIRCUMSTANCES OF THE COUNTY

**Water Supply.**—With the exception of a comparatively small and gradually diminishing number of isolated areas the Administrative County is, generally speaking, well provided with a constant, plentiful and wholesome water supply.

By virtue of the West Pennine Water Order, 1968, this newly constituted Board took over from the 1st April, 1968, the powers and duties of the Ashton-under-Lyne, Stalybridge, Dukinfield and District Water Board, the Heywood and Middleton Joint Water Board, and the water undertakings of the County Boroughs of Oldham and Rochdale.

The following tabular statement shows the statutory water undertakers covering the whole of the Administrative County area, the types of supply and the County districts served by each at the end of 1968.

LOCAL WATER SUPPLIES

Statutory water undertaker	Type of supply	Districts served
<i>Joint Bodies—</i>		
Calder Water Board ... ..	Upland surface water and deep wells.	Accrington M.B. Church U.D. Clayton-le-Moors U.D. Great Harwood U.D. Haslingden M.B. (part) Oswaldtwistle U.D. Padiham U.D. Rishton U.D. Burnley R.D. (part)
Furness Water Board ... ..	Upland surface water.	Dalton-in Furness U.D. Grange U.D. Ulverston U.D. North Lonsdale R.D.
Fylde Water Board ... ..	Upland surface water.	Clitheroe M.B. Darwen M.B. Fleetwood M.B. Kirkham U.D. Lytham St. Annes M.B. Poulton-le-Fylde U.D. Preesall U.D. Thornton Cleveleys U.D. Blackburn R.D. Clitheroe R.D. Fylde R.D. Garstang R.D. Lancaster R.D. (part) Preston R.D. (part)
Lune Valley Water Board ... ..	Upland surface water.	Carnforth U.D. Lancaster M.B. Morecambe and Heysham M.B. Lancaster R.D. (part) Lunesdale R.D.
Makerfield Water Board ... ..	Upland surface water and deep wells.	Abram U.D. Ashton-in-Makerfield U.D. Aspull U.D. (part) Golborne U.D. (part) Hindley U.D. Ince-in-Makerfield U.D. Leigh M.B. Newton-le-Willows U.D. Orrell U.D. Standish-with-Langtree U.D. Skelmersdale and Holland U.D. (part) West Lancashire R.D. (part) Wigan R.D.

LOCAL WATER SUPPLIES (*continued*).

Statutory water undertaker	Type of supply	Districts served
North Calder Water Board ... ..	Upland surface water and springs.	Barrowford U.D. Brierfield U.D. Colne M.B. Nelson M.B. Trawden U.D. Burnley R.D. (part)
Preston and District Water Board ... ..	Upland surface water.	Fulwood U.D. Leyland U.D. Longridge U.D. Walton-le-Dale U.D. Preston R.D. (part) West Lancashire R.D. (part)
West Lancashire Water Board ... ..	Deep wells.	Formby U.D. Ormskirk U.D. Skelmersdale and Holland U.D. (part) West Lancashire R.D. (part)
West Pennine Water Board ... ..	Upland surface water	Ashton-under-Lyne M.B. Audenshaw U.D. Chadderton U.D. Crompton U.D. Droylsden U.D. (part) Failsworth U.D. (part) Heywood M.B. Lees U.D. Littleborough U.D. Middleton M.B. Milnrow U.D. Mossley M.B. Prestwich M.B. (part) Royton U.D. Wardle U.D. Whitworth U.D.
<i>County Borough Councils—</i>		
Bolton C.B.C. ... ..	Upland surface water.	Aspull U.D. (part) Bacup M.B. Farnworth M.B. Haslingden M.B. (part) Kearsley U.D. Little Lever U.D. Radclyffe M.B. Ramsbottom U.D. Rawtenstall M.B. Tottington U.D. Turton U.D. Westhoughton U.D. Whitefield U.D. Worsley U.D. (part) Burnley R.D. (part)
Liverpool C.B.C. ... ..	Upland surface water.	Chorley M.B. (part) Crosby M.B. Huyton-with-Roby U.D. Kirkby U.D. (part) Litherland U.D. Prescot U.D. Warrington R.D. (part) West Lancashire R.D. (part) Whiston R.D. (part).
Manchester C.B.C. ... ..	Upland surface water.	Atherton U.D. Chadderton U.D. (part) Chorley M.B. (part) Denton U.D. Droylsden U.D. (part) Eccles M.B. Failsworth U.D. (part) Irlam U.D. Prestwich M.B. (part) Stretford M.B. Swinton and Pendlebury M.B. Tyldesley U.D. Urmston U.D. Worsley U.D. (part)



LOCAL WATER SUPPLIES (*continued*)

Statutory water undertaker	Type of supply	Districts served
St. Helens C.B.C. ... ..	Upland surface water and deep wells.	Billinge and Winstanley U.D. Haydock U.D. Kirkby U.D. (part) Rainford U.D. Warrington R.D. (part) West Lancashire R.D. (part) Whiston R.D. (part)
Warrington C.B.C. ... ..	Upland surface water.	Golborne U.D. (part) Warrington R.D. (part)
<i>County District Councils—</i>		
Adlington U.D.C. ... ..	Upland surface water and springs.	Adlington U.D.
Blackrod U.D.C. ... ..	Upland surface water and springs.	Blackrod U.D.
Horwich U.D.C. ... ..	Upland surface water, deep well and springs.	Horwich U.D.
Widnes M.B.C. ... ..	Deep wells.	Widnes M.B. Whiston R.D. (part)
Withnell U.D.C. ... ..	Upland surface water.	Withnell U.D.
Chorley R.D.C. ... ..	Upland surface water.	Chorley R.D. West Lancashire R.D. (part)

**PUBLIC MAINS SUPPLIES.**—The following table, compiled from the local health reports, shows the approximate number of houses and population at the end of 1968 and the preceding year receiving water from the public mains.

*Water supplied from public mains*

	1967		1968	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts ... ..	674,700	1,991,800	699,000	2,013,200
Total Rural Districts... ..	126,000	387,800	130,800	398,800
Administrative County ... ..	800,700	2,379,600	829,800	2,412,000

In addition to 20,900 new houses reported to have been connected during the year to the public mains supply, there were also 156 existing houses provided with such a supply for the first time.

In areas supplied from outside sources sampling of the water by the local authorities is in many cases considered to be unnecessary, or may be carried out only in consequence of complaints from consumers, owing to the fact that the supplying authority itself undertakes routine sampling. During 1968, however, 434 samples of the untreated water were submitted from 17 County districts for bacteriological examination and of these 42 were reported to be unsatisfactory. Of 37 samples submitted from six districts for chemical analysis, one was unsatisfactory. Where apparatus is installed for the treatment of water going into supply, samples of the treated water numbered 2,091 from 59 districts for bacteriological examination and 119 from 25 districts for chemical analysis. Unsatisfactory results were reported in 108 of the former and seven of the latter.

*Fluoridation of Public Water Supplies.*—Whilst the County Council in 1966 approved a policy of fluoridation of public water supplies little or no progress was made during the year towards its introduction in any area of the Administrative County. Consultation with the District Councils has shown a considerable divergence of opinion and has also indicated that in no water undertaking area are all the Councils of the area in favour of fluoridation.

Progress during the year towards fluoridation in small areas around Bolton and Oldham received a set back due to the result of a referendum held in Bolton in which 82 per cent. of the electorate voted and 73 per cent. of these were against fluoridation, whilst the West Pennine Water Board which came into operation on the 1st April, 1968, and whose area includes Oldham, have decided before proceeding in this matter to await reports from their Engineer and Manager in view of the technical and practical difficulties.

**PRIVATE SUPPLIES.**—According to local reports some 6,100 dwellings, housing an estimated population of 15,900 were still dependent on supplies from wells, springs, etc., at the end of 1968. Bacteriological examination of the untreated water was made in 403 instances and 190 of the samples

were found to be unsatisfactory. Chemical analyses numbered 21, of which seven gave unsatisfactory results. Of treated water where treatment was installed, 108 samples taken for bacteriological examination gave 49 unsatisfactory results but none of the three submitted for chemical analysis was unsatisfactory. In all cases of unsatisfactory results the consumers were notified and advised on all necessary precautions. In several cases alternative supplies, including connection to the public mains, were provided.

**Drainage and Sewerage.**—In the following paragraphs reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Acts, and section 56 of the Local Government Act, 1958, in connection with water supply schemes as well as drainage and sewerage schemes.

**RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-65.**—Local authorities are obliged by the Act of 1944 to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

The Act enables the Minister of Housing and Local Government to make grants to local authorities towards the cost of providing a supply, or improving an existing supply, of water in a rural locality or of making adequate provision for the sewerage, or the disposal of the sewage, of a rural locality. Grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned are also required to contribute.

The Act also provides County Councils with full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, by requiring local authorities to consult with the County Council before submitting schemes to the Minister.

The Act of 1955 amended the requirements of section 1 of the Act of 1944 with regard to contributions towards expenses incurred by local authorities in connection with water supplies, sewerage and sewage disposal in rural localities.

The Rural Water Supplies and Sewerage (No. 2) Act, 1955, increased the limit of contributions out of money provided by Parliament which may be made under the section referred to above, and this limit was further raised by the Act of 1965.

With the formation during recent years of a number of water boards which included county borough council undertakings, doubts arose as to the legality of continued contributions to rural district councils under the above Acts as long as a county borough council was a constituent member of a joint water board covering the area of the rural district. The position was clarified by the Rural Water Supplies and Sewerage Act, 1961, which, *inter alia*, provides that where a contribution towards the expenses of a scheme under the Rural Water Supplies and Sewerage Acts is made by the Minister in respect of any rural locality, it continues to be obligatory for the County Council to make a contribution, whatever may be the nature of the water authority to whom the Minister makes his contribution.

Particulars of applications received during 1968 are given in the following table:—

Authority	Nature of scheme and estimated cost	Action taken
Fylde Water Board ...	Water supply—Barnaer—with-Bonds (£3,283).	Approved in July, 1968. The Minister has now agreed to make a lump sum payment of £1,057. The County Council's contribution will be £981.
Dalton-in-Furness U.D.C. ...	Sewerage—Askam (£35,092)	Under consideration.
Withnell U.D.C. ...	Main sewerage extensions — Withnell Fold (£3,900).	Approved for submission to Minister of Housing and Local Government, subject in part to an application for grant under the Local Government Act, 1958.
Chorley R.D.C. ...	Sewerage — Radburn Brow, Clayton-le-Woods (£8,020).	Approved for submission to Minister of Housing and Local Government, subject in part to an application for grant under the Local Government Act, 1958.
Warrington R.D.C. ...	Main drainage — Farnworth Road, Penketh (£3,400).	Approved for submission to Minister of Housing and Local Government, subject in part to an application for grant under the Local Government Act, 1958.
West Lancashire R.D.C. ...	Main drainage — Skelmersdale Road, Bickerstaffe (£3,804).	Approved for submission to Minister of Housing and Local Government, subject in part to an application for grant under the Local Government Act, 1958.

In addition further action was taken during the year in connection with certain schemes which were the subject of applications made in previous years, and particulars are given in the following table:—



Authority	Nature of scheme and estimated cost	Action taken
Preston and District ... Water Board	Longridge Fell — Improvement Scheme, Phases II and III (£54,800).	Approved for submission to Minister of Housing and Local Government.
Fylde Water Board ...	Water supply — Waterside (£1,470).	Approved in February, 1968. The Minister has now agreed to make a lump sum payment of £451. The County Council's contribution will be £419.
Fylde Water Board ...	Water supply — Lower Hill, Tockholes (£410).	Approved in February, 1968. The Minister has now agreed to make a lump sum payment of £101. The County Council's contribution will be £94.
North Calder Water ... Board	Improvement of water supply to Higham, Fence, Dimperley Clough and Noggarth Road Area, Burnley Rural District (£14,100).	The Minister has agreed to make a payment of £130 half-yearly for 30 years. The County Council's contribution will be £121 half-yearly for 30 years.
Blackburn R.D.C. ...	Sewerage—Tockholes and Live-sey (£92,250).	Approved for submission to Minister of Housing and Local Government, subject in part to an application for grant under the Local Government Act, 1958.
Chorley R.D.C. ...	Extension of water main—Croston (£2,314).	Approved in November, 1964. The Minister has now agreed to make a lump sum payment of £674. The County Council's contribution will be £626.
North Lonsdale R.D.C.	Sewerage—Sparkbridge (£3,216).	Approved in November, 1966. The Minister has now agreed to make a lump sum payment of £617. The County Council's contribution will be £573.
North Lonsdale R.D.C.	Sewerage — Tarn Close, Os-motherly (£3,116).	Approved in November, 1967. The Minister has now agreed to make a lump sum payment of £706. The County Council's contribution will be £656.
North Lonsdale R.D.C.	Sewerage — Broughton Beck. (£12,016).	Approved in May, 1967. The Minister has now agreed to make a lump sum payment of £1,355. The County Council's contribution will be £1,258.
Whiston R.D.C. ...	Main sewerage—off Old Higher Road, Halewood (£7,924).	The Minister has agreed to make a lump sum payment of £1,747. The County Council's contribution will be £1,622.
Oswaldtwistle U.D.C.— Calder Water Board	Water supply—Cross Edge Farm District (£10,400).	Approved in May, 1967. The Minister has agreed to make a lump sum payment of £3,472. The County Council's contribution will be £3,224.

LOCAL GOVERNMENT ACT, 1958—SECTION 56.—Under the provisions of this Act the County Council has continued to give financial assistance to County District Councils towards the cost of schemes of sewerage and sewage disposal.

Particulars of the applications received during the year 1968 are set out below:—

Authority	Nature of scheme and estimated cost	Action taken
Ashton-in-Makerfield ... U.D.C.	Surface water drainage—Gars-wood area (£94,549).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-in-Makerfield ... U.D.C.	Extension — Sewage disposal works—Edge Green (£480,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-under-Lyne ... M.B.C.	Re-sewering — Hillgate Re-development area (£43,911).	Under consideration.
Darwen M.B.C. ...	Relief sewer—Anyon Street/Walmsley Street (£28,000).	Under consideration.
Droylsden U.D.C. ...	Main outfall sewer—Ash Tip Road (£95,500).	Approved for the purposes of the County Council's scheme of financial assistance.
Failsworth U.D.C. ...	Surface water culvert—Cosgrove Road (£13,100).	Under consideration.
Farnworth M.B.C. ...	Sewerage and sewage disposal—Singing Clough sewer connection (£4,436).	Under consideration.
Golborne U.D.C. ...	Surface water sewer—Lowton (£1,550).	Approved for the purposes of the County Council's scheme of financial assistance.
Golborne U.D.C. ...	Main sewerage (£726,700).	Under consideration.
Haslingden M.B.C. ...	Surface water sewer—Grane Road (£1,515).	Approved for the purposes of the County Council's scheme of financial assistance.
Haslingden M.B.C. ...	Surface water sewer—Bentgate (£4,777).	Approved for the purposes of the County Council's scheme of financial assistance.

Authority	Nature of scheme and estimated cost	Action taken
Haydock U.D.C. ...	Surface water sewers—Cooper Lane and underpasses (£26,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Heywood M.B.C. ...	Filter beds—sewage disposal works (£25,000).	Under consideration.
Hindley U.D.C. ...	Flood relief sewer—Atherton Road (£60,131).	Approved for the purposes of the County Council's scheme of financial assistance.
Littleborough U.D.C.	Sewage disposal—Bents Farm Estate (£20,175).	Approved for the purposes of the County Council's scheme of financial assistance.
Lytham St. Annes M.B.C. ...	Main drainage scheme—St. Annes and Ansdell, Phase I (£222,800).	Approved for the purposes of the County Council's scheme of financial assistance.
Newton-le-Willows U.D.C. ...	Main drainage scheme—Phases I and II (Phase I—£169,000) (Phase II—£694,000).	Phase I—approved for the purposes of the County Council's scheme of financial assistance. Phase II—under consideration.
Preesall U.D.C. ...	New sewer—Police station to sewage disposal works (£25,000).	Under consideration.
Preseot U.D.C. ...	Sewerage—Phase II, St. Helens Road/St. James Road culvert (£12,225).	Under consideration.
Ramsbottom U.D.C.	Provision of relief sewers. (£147,500).	Approved for the purposes of the County Council's scheme of financial assistance.
Rishton U.D.C. ...	Main drainage — Blackburn Road (£14,500).	Approved for the purposes of the County Council's scheme of financial assistance.
Turton U.D.C....	Overflow sewer — Harwood neighbourhood (£53,000).	Under consideration.
Tyldesley U.D.C. ...	Sewerage — Shakerley trunk sewer (£190,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Tyldesley U.D.C. ...	Sewage disposal works — Improvements (£162,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Westhoughton U.D.C.	New sewage disposal works (£979,000). Phase I. (£133,250).	Approved in principle for grant aid under the County Council's scheme of financial assistance. Approved for the purposes of the County Council's scheme of financial assistance.
Blackburn R.D.C. ...	Surface water sewerage—Live-sey Branch Road area (£35,500).	Under consideration.
Burnley R.D.C. ...	Surface water sewer — Old Laund Booth (£10,167).	Approved for the purposes of the County Council's scheme of financial assistance.
Burnley R.D.C. ...	Surface water sewer—Sabden Road, Higham (£5,520).	Under consideration.
Fylde R.D.C. and Kirkham U.D.C.	Joint sewerage and drainage scheme (£649,612).	Approved for the purposes of the County Council's scheme of financial assistance.
West Lancashire R.D.C. ...	Flood relief scheme—Moss Park and Cherry Tree Farm Estates, Aughton (£11,100).	Under consideration.
West Lancashire R.D.C. ...	Sewerage and ancillary works—Hillhouse sewage disposal work (£800,412).	Under consideration.
Whiston R.D.C. ...	Main sewerage—Church Road, Halewood (£178,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Whiston R.D.C. ...	Surface water drainage—Tarbock Green. (£13,500).	Approved for the purposes of the County Council's scheme of financial assistance.
Whiston R.D.C. ...	Culverting of Kingsthorpe Brook, Halewood (£12,905).	Under consideration.
Whiston R.D.C. ...	Sewerage and sewage disposal—Retrospective approval of schemes (£96,500).	Under consideration.



In respect of schemes submitted prior to 1968 development occurred during the year as follows:

Authority	Nature of scheme and estimated cost	Action taken
Audenshaw U.D.C. ...	Extensions to sewage disposal works—Bradley Hurst (£56,511).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-in-Makerfield U.D.C. ...	Sewage disposal—Pewfall drainage area (£52,886).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-under-Lyne M.B.C. ...	Repairs to sewer—Cavendish Street. (£13,214).	Approved for the purposes of the County Council's scheme of financial assistance.
Bacup & Rawtenstall M.B.C.'s. ...	Joint trunk sewer. (£18,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Crompton U.D.C. ...	Flood prevention works—Buckstones Road area (£48,605).	Approved for the purposes of the County Council's scheme of financial assistance.
Colne M.B.C. ...	Sewage disposal works—extensions (£120,800).	Approved for the purposes of the County Council's scheme of financial assistance.
Fulwood U.D.C. ...	Sewerage and surface water drainage scheme — Lightfoot Lane (£4,867).	Approved for the purpose of the County Council's scheme of financial assistance.
Huyton-with-Roby U.D.C. ...	Relief sewer—Huyton Hey Road (£11,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Huyton-with-Roby U.D.C. ...	Culverting of open ditch—Huyton Industrial Estate (£3,135).	Approved for the purposes of the County Council's scheme of financial assistance.
Morecambe and Heysham M.B.C. ...	Proposed relief sewer—Calton Terrace to Arnside Crescent (£29,093).	Approved for the purpose of the County Council's scheme of financial assistance.
Ormskirk U.D.C. ...	Surface water and foul sewers—Wigan Road to Burscough Road (£134,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Rainford U.D.C. ...	Renewal of filter bed media—Rookery sewage disposal works (£8,600).	Approved for the purposes of the County Council's scheme of financial assistance.
Skelmersdale and Holland U.D.C. ...	Sewerage and sewage disposal scheme—Dams Head (£166,883).	Approved for the purposes of the County Council's scheme of financial assistance.
Thornton Cleveleys U.D.C. ...	Culverting of Royles Brook (£300,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Tyldesley U.D.C. ...	Construction of foul and surface water sewers—Squires Lane (£19,551).	Approved for the purposes of the County Council's scheme of financial assistance.
Urmston U.D.C. ...	Reconstruction of original Trafford Park sewer (£475,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Withnell U.D.C. ...	Main sewerage extensions — Withnell Fold (£3,900).	Approved for the purposes of the County Council's scheme of financial assistance, subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
Blackburn R.D.C. ...	Sewerage and sewage disposal — Wilpshire (£104,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Blackburn R.D.C. ...	Sewerage—Tockholes and Livesey (£92,250).	Approved for the purposes of the County Council's scheme of financial assistance, subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
Burnley R.D.C. ...	Surface water sewer — Old Laund Booth (£350).	Approved for the purposes of the County Council's scheme of financial assistance.
Chorley R.D.C. ...	Sewerage — Radburn Brow, Clayton-le-Woods (£8,020).	Approved for the purposes of the County Council's scheme of financial assistance, subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
Fylde R.D.C. ...	Storm relief sewer — Wrea Green (£2,965).	Approved for the purposes of the County Council's scheme of financial assistance.
Warrington R.D.C. ...	Main drainage — Farnworth Road, Penketh (£3,400).	Approved for the purposes of the County Council's scheme of financial assistance, subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
West Lancashire R.D.C. ...	Main drainage — Skelmersdale Road, Bickerstaffe (£3,804).	Approved for the purposes of the County Council's scheme of financial assistance, subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
Whiston R.D.C. ...	Main sewerage—off Old Higher Road, Halewood (£7,924).	Approved for the purposes of the County Council's scheme of financial assistance, subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
Whiston R.D.C. ...	Foul and surface water drainage—Eccleston (Revised cost —£102,360).	Approved for the purposes of the County Council's scheme of financial assistance.

**Closet Accommodation.**—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.,) in the Administrative County area at the end of 1968 as compiled from the local health reports. The number of *dwelling*s not on the water carriage system was approximately 8,100.

*Closet Accommodation at end of 1968*

	Urban districts	Rural districts	Administrative County
Privy middens ... ..	290	840	1,130
Privy closets ... ..	330	920	1,250
Pail closets ... ..	3,210	3,340	6,550
Fresh-water closets ... ..	769,930	142,710	912,640
Waste-water closets ... ..	18,890	600	19,490

At the end of the year the total number of trough closets remaining in the Administrative County area was reported to be 190.

A summary of the action taken in the County districts during 1968 to provide the more sanitary types of closet accommodation is given below:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets ... ..	50	100	150
Privy closets to pail closets ... ..	70	330	400
Pail closets to fresh-water closets ... ..	120	220	340
Waste-water closets to fresh-water closets ... ..	1,420	50	1,470

**Public Cleansing.**—At the end of 1968 there were reported to be 941,550 movable dustbins in use in the Administrative County area and the number of dry ashpits had declined to approximately 250. Throughout the County area a weekly collection of household and, in most cases, trade refuse was normal but in a very few districts, mainly rural in character, the interval between collections was extended, the maximum period being two weeks. The work was undertaken by labour directly employed by the local authorities and using covered motor vehicles specially designed for the purpose. Fifty-six districts reported the partial use of the paper sack system of refuse collection during the year. This system now extends to approximately 47,800 premises. Controlled tipping was the generally adopted means of disposing of household refuse, other methods reported being crude tipping into disused mineshafts and quarries or separation and incineration.

In 57 of the 108 County districts the owner or occupier was responsible for the renewal of movable dustbins, in 43 districts they were supplied out of the rate fund, in one they were provided by the council on an annual rental and in the remaining seven districts a combination of these means of renewal was in operation at the end of the year.

**Sanitary Inspections.**—The following table gives the numbers of premises visited and visits paid during 1968 by local public health inspectors, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 71 cases.

	No. of premises visited	No. of visits made	Defects or nuisances		No. of notices served	
			No. discovered	No. abated	Informal	Statutory
Urban districts ... ..	259,964	467,192	57,717	53,778	16,112	4,521
Rural districts ... ..	31,163	59,620	3,359	2,631	1,554	71
Administrative County... ..	291,127	526,812	61,076	56,409	17,666	4,592

**Prevention of Atmospheric Pollution.—Clean Air Act, 1956.**—In 1968 more orders for the making of smoke control areas were submitted to the Ministry of Housing and Local Government by authorities within the Administrative County than in any year since the Clean Air Act came into operation. The number submitted was 47, involving 35,000 properties. Orders receiving confirmation numbered 41, covering 29,000 properties, and the total number in force at the end of the year was 607, involving 188,000 properties.



Progress achieved in the elimination and prevention of atmospheric pollution is kept under review by a Clean Air Council, appointed under the Act by the Minister, and the National Clean Air Society, of which the County Council and some of the County district councils are members, is also active in this matter. At regional and local levels various voluntary associations of local authorities, such as the Manchester and District Regional Clean Air Council and the South East Lancashire and North Cheshire Consultative Committee on Atmospheric Pollution, have been established as advisory and technical bodies for the purpose of improving the control of and reducing atmospheric pollution in the areas represented.

Co-operation between industrial managements and public health officials in the individual and practical problems involved in the elimination of black smoke continued to be very good.

**Movable Dwellings and Camping Sites.**—By section 269 of the Public Health Act, 1936, local authorities are empowered to grant licences authorising persons to allow land occupied by them within the district to be used as sites for movable dwellings, and licences authorising persons to erect and station, or use, such dwellings within the district. Local authorities may attach to any such licence such conditions as they think fit with regard to water supply, sanitary arrangements, free space, etc.

A movable dwelling is described in this section of the Act as including any tent, van, shed or other conveyance, whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

The number of sites in the Administrative County area used for camping purposes during 1968 was 407, according to the reports of local medical officers of health. Licences issued by the local authorities under section 269 of the Act of 1936 numbered 48 in respect of sites and 562 in respect of individual movable dwellings. There were reported to be 2,021 caravans used for permanent occupation.

As from the 19th August, 1960, more effective powers for controlling caravan sites were conferred on local authorities by the operation of the Caravan Sites and Control of Development Act, 1960. As well as strengthening the powers of planning authorities it introduced a new licensing system to be administered within the Administrative County area by County district councils. The purpose of the Act is to secure that all caravan sites, whether residential or holiday sites, are properly equipped and run; that sites are not allowed in the wrong places but are allowed in acceptable places, and that planning permission is not withheld on principle but only where there is some definite planning objection; that permission is given on a long term or permanent basis unless there is some definite reason against this; and that where sites have to be run down or numbers have to be reduced this is done with due regard to avoidance of hardship.

At the end of the year the total number of site licences in operation under this Act was 503 involving 14,534 caravans. The adoption of the Model Standards issued by the Ministry of Housing and Local Government in conjunction with the Act was reported from 33 County districts in respect of permanent residential caravan sites and from 23 in respect of holiday caravan sites.

**Swimming Baths and Pools.**—In 37 of the County districts there are public swimming baths and in 20 districts there are school swimming baths. Privately owned swimming baths or pools used by the public, or specific groups thereof, exist in nine districts.

In nearly all instances filtration and chlorination plants are installed and the frequency of water change generally varies between three and six hours. During the year 1,116 samples of the water were submitted to bacteriological examination and 278 to chemical analysis. Sixty-four of the former and 11 of the latter were found to be unsatisfactory.

**Disinfestation.**—The number of dwellings reported by the local medical officers of health to have been disinfested during 1968 was 5,239 of which 2,504 were council owned dwellings. Almost the whole of this work is undertaken by the local authority staffs but contractors are employed by some authorities, particularly in cases of heavy infestation where hydrogen cyanide gas is required to be used in the van during removal of furniture, bedding, etc., to fresh premises.

**Prevention of Damage by Pests Act, 1949.**—Under this Act powers relating to the control of rats and mice were vested in the local sanitary authorities upon whom rests the obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and the powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

At the end of 1968 there were 60 full-time rodent operatives employed by local authorities within the Administrative County area. A further 70 had been employed part-time during the year. The number of properties inspected following notification was 41,479 including 1,110 agricultural, and of these 29,775 were infested—17,562 by rats and 12,213 by mice. In addition 27,975 properties, including 1,781 agricultural, were inspected for reasons other than notification and of these 6,062 were found to be infested—3,699 by rats and 2,363 by mice. Infestation of sewers by rats was reported in 72 of the 108 County districts.

**Factories Act, 1961.**—The following table provides a summary of the action taken during 1968 in all County districts in connection with the administration of Parts I and VIII of the Factories Act, 1961.

### PART I OF THE ACT

#### 1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

*(including inspections made by Public Health Inspectors)*

Premises (1)	Number on register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by local authorities ... ..	735	670	22	—
(ii) Factories not included in (i) in which section 7 (relating to sanitary conveniences) enforced by the local authority ... ..	8,366	5,956	264	1
(iii) Other premises in which section 7 enforced by the local authority *(excluding out-workers' premises)...	582	590	25	—
TOTAL ... ..	9,683	7,216	311	1

\* i.e., Electrical stations, institutions, sites of building operations and works of engineering construction, slaughter-houses and railway running sheds.

#### 2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were—				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1) ... ..	98	93	—	9	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	7	5	2	2	—
Inadequate ventilation (S.4) ... ..	16	14	—	1	—
Ineffective drainage of floors (S.6) ... ..	7	7	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient ... ..	66	54	—	18	—
(b) unsuitable or defective ... ..	437	375	—	53	—
(c) not separate for sexes... ..	21	16	—	4	—
Other offences against the Act (not including offences relating to Outwork) ... ..	23	19	5	5	—
TOTAL ... ..	675	583	7	92	—



## PART VIII OF THE ACT

## OUTWORK

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	Number of out-workers in August list required by Section 133 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc...	483	—	—	—	—	—
Household linen ... ..	31	—	—	—	—	—
Locks, latches and keys ... ..	1	—	—	—	—	—
Umbrellas, etc. ... ..	31	—	—	—	—	—
Nets, other than wire nets ... ..	17	—	—	—	—	—
Paper bags ... ..	3	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper ... ..	11	—	—	—	—	—
Stuffed toys ... ..	9	—	—	—	—	—
Basket making ... ..	60	—	—	—	—	—
Chocolates and sweetmeats ... ..	6	—	—	—	—	—
Cosaques, Christmas stockings, etc. ... ..	43	—	—	—	—	—
Textile weaving ... ..	14	—	—	—	—	—
Paper crackers ... ..	72	—	—	—	—	—
Knitting ... ..	4	—	—	—	—	—
Embroidery (gold thread) ... ..	1	—	—	—	—	—
Leatherwork ... ..	2	—	—	—	—	—
Carry cot manufacture ... ..	1	—	—	—	—	—
TOTAL ... ..	789	—	—	—	—	—

**Offices, Shops and Railway Premises Act, 1963.**—This Act prescribes standards which must be observed in a wide field of conditions affecting the safety, health and welfare of employees in all offices and shops, and in most railway buildings near to the permanent way. For most offices and shops the general provisions other than those relating to fire precautions are enforced within the Administrative County area by the district councils by whom such premises have been registered. The general provisions include matters relating to cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, accommodation for clothing, seating arrangements, eating facilities, etc., and every local authority was required to appoint inspectors for the purpose of enforcement.

The following table summarises the work done by the constituent local authorities of the Administrative County area in 1968:—

	Class of premises				
	Offices	Retail shops	Wholesale shops, warehouses	Catering establishments open to public, canteens	Fuel storage depots
No. of registered premises at end of year ... ..	3,637	10,826	569	1,969	84
No. of registered premises receiving a general inspection during year ... ..	1,136	4,652	257	951	36
No. of exemptions current at end of year—					
Space (s.5.(2) ) ... ..	4	—	—	—	—
Temperature (s.6) ... ..	—	—	—	—	—
Sanitary conveniences (s.9) ... ..	2	1	—	—	—
Washing facilities (s.10) ... ..	—	—	—	—	—

The total number of visits of all kinds made by the inspectors to registered premises was 13,940.

**Rag Flock and Other Filling Materials Act, 1951.**—Under this Act premises used for upholstering, stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or

storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating and reconditioning of articles and the upholstery of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.

At the end of 1968 there were reported to be 68 registered premises in the County area and the number of licensed premises was 27, of which eight were used for the manufacture or manufacture and storage of rag flock and 19 for its storage only. Inspections of all premises during the year numbered 52. Fourteen samples of rag flock and other filling materials were submitted for examination of which three were found to be unsatisfactory.

**Premises and Occupations which can be Controlled by Byelaws and Regulations.—OFFENSIVE TRADES.**—Offensive trades were carried on in 34 districts during 1968, the premises numbering 75. These were chiefly tripe boilers and/or dressers, gut scrapers, fat melters, tanners, soap boilers, rag and bone dealers, glue manufacturers and leather dressers. Regular inspections were reported to have been made of all premises.

**COMMON LODGING HOUSES.**—At the end of 1968 there were nine common lodging houses on the registers of five district councils in the Administrative County.

**CANAL BOATS.**—No action was reported during the year relating to the inspection of canal boats.

**Inspection of County Districts.**—During 1968 reports on completed surveys of the housing, sanitary circumstances, etc., of Rishton U.D. and Wardle U.D. were considered by the Public Health and Housing Committee. Copies of these reports, which incorporated recommendations for improvements, were then forwarded to the district councils concerned for consideration and any necessary action.



## HOUSING

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The decline noted in the rate of building in the Administrative County in 1966 and 1967 was halted in 1968 when 20,930 new housing units were completed. This total, comprising 18,113 houses and 2,817 flats, was 3,500 greater than the total completed in the previous year. The proportionate contribution to the total made by local authority building increased from 30 per cent. in 1967 to 31 per cent. in 1968. Particulars of the dwellings completed in each County district during 1968 are shown in Table 35, page 188.

According to information supplied by local medical officers of health, some of which is also reproduced in Table 35, more than 20,000 dwellings were unfit for human habitation, of which some 9,000 were the subject of demolition and clearance orders made. In all, 56,830 houses were inspected under the Public Health or Housing Acts for housing defects, 113,315 inspections being made for the purpose. In consequence of action taken by the local authorities or their officers, 9,860 houses found to be not in all respects reasonably fit were rendered fit during the year. Of these, 7,529 were brought up to standard as a result of informal action. Formal notices under the Public Health Acts resulted in the remedying of defects in 2,526 cases. Formal notices under sections 9 and 16 of the Housing Act, 1957, secured the completion of necessary work on 35 houses; the work on three however was carried out by the local authorities in default of the owners. Six unfit houses were made fit after determination of a demolition order under section 24 of the Housing Act, 1957, and eight were made fit after determination of a closing order under section 27 of the Housing Act, 1961.

Demolition carried out during 1968 accounted for 3,292 houses, of which 2,764 were in or adjoining clearance areas, and displaced 6,473 persons. The 2,764 in or adjoining clearance areas related to 2,629 found unfit for human habitation, nine included by reason of bad arrangements, etc., and 126 which were on land acquired under section 43(2) of the Housing Act, 1957. Of the 528 demolished houses not in or adjoining clearance areas 422 were the result of formal or informal procedure under sections 16 or 17(1) of the Act of 1957, 55 were local authority owned houses certified unfit by the medical officer of health and 51 resulted from action taken under local Acts.

Closures were applied to 358 houses under sections 16(4), 17(1) and 35(1) of the Housing Act, 1957, and section 26 of the Housing Act, 1961, and to 24 houses under sections 17(3) and 26 of the Act of 1957. The total number of persons displaced by closures was 730.

At the end of 1968 there were reported to be 29 houses, subject to existing demolition or clearance orders, which had been retained for temporary accommodation, 19 under section 48 of the Act of 1957, three under section 17(2) and seven under section 46. There were no houses reported to be licensed for temporary accommodation under section 34 or section 53.

**IMPROVEMENT GRANTS.**—With effect from the 23rd October, 1958, the Housing (Financial Provisions) Act, 1958, repealed and consolidated, *inter alia*, certain provisions of the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954, whereby a local authority may, subject to specified conditions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions may also be made to local authorities towards losses incurred by them in improving housing accommodation.

With the aim of pressing ahead more urgently with this work of modernisation the House Purchase and Housing Act, 1959, introduced changes in the system of improvement grants which had the effect of simplifying its operation and rendering the grants more attractive to owners. Further encouragement was provided by improvement of the conditions under which discretionary grants may be made through the operation, from the 16th August, 1964, of Part III of the Housing Act, 1964.

The number of dwellings or other buildings involved in improvement schemes of private bodies or individuals approved for grant by local authorities within the Administrative County during 1968 was 561. In schemes submitted by local authorities to the Minister 499 properties were approved during the year, 471 of which belonged to local authorities. Schemes actually completed during 1968 involved 835 properties of which 536 were owned by private bodies or persons.

**STANDARD GRANTS.**—As from the 14th June, 1959, the House Purchase and Housing Act, 1959, set up a new system of standard grants to supplement the existing system of improvement grants (see above) paid at the discretion of the local authority. The distinctive features of this system are that these grants are payable only in respect of the provision of specific standard amenities and on the expenditure actually incurred for this purpose and that, provided certain conditions are satisfied, the owner of the property can claim the grant as of right. The system was designed to produce as simple a procedure as possible and enable owners generally to form a reasonably accurate idea of the assistance they can hope to receive before any expense is incurred. It is intended to deal in the main with relatively straightforward cases in which the improvements involve little or no structural alteration, leaving the system of discretionary improvement grants to deal with the more elaborate proposals.

The standard amenities necessary to qualify for the standard grant were amended by the Housing Act, 1961, and with effect from the 16th August, 1964, were again amended by section 49 of the Housing Act, 1964, as a result of which they stand defined as (a) a fixed bath or shower which, if reasonably practicable, is to be in a bathroom; (b) a wash-hand basin; (c) a hot and cold water supply at a fixed bath or shower which, if reasonably practicable, is to be in a bathroom; (d) a hot and cold water supply at a wash-hand basin; (e) a hot and cold water supply at a sink; (f) a water closet and (g) satisfactory facilities for storing food. Essentially, therefore, they remain the five standard amenities originally stipulated. Section 45, however, relaxes the requirement previously excluding from the benefit of standard grant a dwelling which, after improvement, would be provided with less than all the standard amenities. This relaxation does not apply to dwellings which it would be practicable to improve at reasonable expense so as to be provided with all the standard amenities. The reduced standard is defined by items (e), (f) and (g) quoted above.

During the year under report 5,044 applications—148 fewer than in 1967—were made to local authorities within the Administrative County area and all but 78 were to the full standard. During the same period 4,837 applications were approved, of which ten were to the reduced standard. Work was completed on 4,314 premises. Emphasis was placed by the Ministry of Housing and Local Government on the need to effect by voluntary means the required rate of improvement, but at the same time provision was made in Part II of the Act of 1964 to extend the powers of local authorities to secure compulsory improvements. Only one new improvement area, within which such powers may be applied as needed, was reported to have been declared during the year.

**FINANCIAL ASSISTANCE TO LOCAL AUTHORITIES.**—The Housing (Financial Provisions) Act, 1958, repealed all previous legislation insofar as contributions to district councils by the County Council are concerned without affecting the continuation of contributions towards previously approved houses for agricultural workers under section 3(1) of the Housing (Financial and Miscellaneous Provisions) Act, 1946, and other houses under section 3(2). At the same time, by section 23, it provides for the payment to district councils by the County Council, in respect of houses provided for agricultural workers, of an annual contribution of £2 10s. or less per house for 60 years where the exchequer subsidy is increased under section 5 of the Act.

The total contributions paid by the County Council to district councils under the Act during the financial year ended the 31st March, 1969, amounted to £3,086.



## INSPECTION AND SUPERVISION OF FOOD

**Milk Supply.**—During 1968, the number of County districts for which the County Council were Food and Drugs Authority was reduced to 90 with the creation of the Skelmersdale and Holland Urban District from the Urban Districts of Skelmersdale and Upholland. Within these districts the County Council are responsible for the licensing and inspection of heat treatment plants and premises and for the licensing, under the Milk (Special Designation) Regulations, 1963-65, of all milk dealers other than producer-retailers (who are licensed by the Ministry of Agriculture, Fisheries and Food). They are also concerned with milk sampling and testing generally and with the administration of the Milk and Dairies (General) Regulations, 1959, insofar as they relate to the general sanitation of dairies and plant licensed by them.

The provisions of the Food and Drugs Act, 1955, relating to milk supplies for which the County Council are the responsible authority include the prohibition of the sale of milk from cows suffering from tuberculosis or other specified diseases, the prevention of the adulteration of milk by the addition of water, colouring matter, dried or condensed milk, etc., the restrictions on the use of special designations and the prevention of the use of false descriptions in relation to milk. Food and Drugs Authorities are also required to enforce provisions concerning the prohibition of the description "cream" in relation to any substance which resembles but which is not "cream" as defined.

The whole of the Administrative County area is a "specified area" where only milk of a special designation may be sold by retail for human consumption. During the year under report 2,234 samples of designated milk (1,035 pasteurised, 330 sterilised and 869 untreated) were obtained by sampling officers of the County Council from retailers in the 90 districts comprising the County Food and Drugs area.

On submission to the prescribed tests 20 samples of pasteurised milk failed the methylene blue test only and six the phosphatase test only, and 26 samples of untreated milk failed the methylene blue test. Appropriate action was taken to ensure adequate heat treatment, etc., of future supplies of milk from the sources concerned. All the samples of untreated milk examined for the presence of tubercle bacilli were reported to be satisfactory.

**THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1960-65.**—The following statement gives particulars of the dealer's licences issued by the County Council as Food and Drugs Authority for the licensing period 1966-70.

Licence	No. issued in 1968	Total No. in operation at 31.12.68
(1) Dealer's (Untreated) Licence—required by a dealer obtaining untreated milk (other than pre-packed milk) for the purpose of resale ... ..	7	37
(2) Dealer's (Pasteuriser's) Licence — required by anyone operating a pasteurising plant ... ..	1	12
(3) Dealer's (Steriliser's) Licence—for the operation of a sterilising plant ... ..	—	3
(4) Dealer's (Ultra Heat Treated) Licence—for the operation of an ultra high temperature plant ... ..	—	—
(5) Dealer's (Prepacked Milk) Licence—for the purpose of buying and selling pre-packed milk (untreated, pasteurised, sterilised, ultra heat treated or all four categories) ...	170	4,635

The number of dealers authorised by the above licences to handle and distribute each of the types of designated milk was as follows:—

Designation	No. of dealers licensed	
	In 1968	At 31.12.68
Untreated ... ..	89	921
Pasteurised ... ..	167	2,087
Sterilised ... ..	199	4,046
Ultra heat treated ... ..	85	565

From the premises licensed for the heat treatment of milk 344 samples were obtained during the year and submitted to the prescribed tests. Three samples failed the phosphatase test. The cause of the failure was discovered and subsequent samples were satisfactory.

In the 18 County districts autonomous for Food and Drugs purposes there were operative at the end of 1968 three Dealer's (Pasteuriser's) Licences in respect of premises and plant used for the heat treatment of milk, 1,867 Dealer's (Prepacked Milk) and 173 Dealer's (Untreated) Licences. The numbers of dealers authorised to deal in the respective designations of milk by virtue of these licences were—untreated 320, pasteurised 1,113, sterilised 1,653 and ultra heat treated 224.

**PROVISION OF MILK TO SCHOOLS, DAY NURSERIES AND HOMES FOR THE AGED.**—Of the 2,234 samples of designated milks obtained by the County Council's sampling officers (see above), 325 were of milk supplied to schools, day nurseries and homes for the aged.

The County Council's policy of endeavouring to arrange for heat treated milk to be provided at all schools in the County area was continued, particularly in view of the possibility of brucella infections occurring in raw milk, but where it has been impossible in the more remote parts of the County area to obtain heat treated milk untreated milk has been supplied.

**BRUCELLA ORGANISMS IN MILK.**—Samples of untreated milk submitted by the County Council's officers for bacteriological and biological examination to the Public Health Laboratories are examined for the presence of brucella organisms in addition to those of tuberculosis.

During 1968 although, as stated above, no evidence of tuberculosis was found in any of the 786 samples submitted, 69 of these were reported to contain brucella organisms. In each case the medical officer of health for the appropriate County district was informed in order to take whatever action he deemed suitable.

**SAMPLING BY LOCAL AUTHORITIES.**—The number of milk samples reported to have been taken during 1968 by officers of the local authorities within the Administrative County and submitted to biological examination for either tuberculosis or brucellosis, or both, was 9,396. The results were as follows:—

					Positive		Negative		No result
Tuberculosis	...	...	...	...	4	...	771	...	104
Brucellosis—									
Ring test	...	...	...	...	990	...	7,756	...	269
Culture test	...	...	...	...	341	...	842	...	178
Biological test	...	...	...	...	77	...	655	...	107

Particulars of the milk samples submitted to the statutory tests are given in the following statement:—

				No. of samples			Results—		
						Satisfactory	Unsatisfactory		Void samples
<i>Raw Milk—</i>									
Methylene blue test	...	...	1,060	...	838	...	200	...	44
<i>Heat treated Milk—</i>									
Methylene blue test	...	...	1,250	...	{ 1,182 1,207	...	32	...	20
Phosphatase test	...	...		...		...	3	...	3
Turbidity test	...	...	322	...	320	...	1	...	—
Colony count test	...	...	20	...	21	...	—	...	—

For the tenth successive year no sample of milk taken within the Administrative County area by either County or local officers gave a positive result to the biological test for tuberculosis.

**Food Hygiene (General) Regulations, 1960.**—The following table, which has been compiled from the reports of local medical officers of health, gives details of the 25,667 food premises which are subject to the Food Hygiene (General) Regulations, 1960.

Type of business	No. of premises	No. of premises fitted to comply with Regulation 16. (Wash-hand basins).	No. of premises to which Regulation 19 applies. (Sinks).	No. of premises fitted to comply with Regulation 19.
(i) Greengrocers and provision dealers ...	6,553	6,345	6,073	6,646
(ii) Greengrocers and fruiterers (including those selling wet fish, game, etc.) ...	1,513	1,415	1,466	1,460
(iii) Fishmongers (including those selling poultry, game, etc.) ...	264	254	259	258
(iv) Meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.) ...	2,050	1,978	2,044	2,037
(v) Bakers and/or confectioners ...	1,592	1,551	1,571	1,546
(vi) Fried fish shops ...	1,251	1,213	1,246	1,240
(vii) Shops selling mainly sugar confectionery, minerals, ice-cream, etc. ...	2,372	2,206	1,771	1,765
(viii) Licensed premises, clubs, canteens, restaurants, cafes, snack bars, and similar catering establishments ...	8,344	8,113	8,171	8,099
(ix) Others ...	1,728	1,414	1,357	1,316



Premises registered under the Food and Drugs Act or corresponding provisions of local legislation numbered 9,460 and 10,020 inspections of such premises were made during the year.

Byelaws relating to the handling of food intended for sale were in operation in almost all the 108 County Districts and their enforcement in conjunction with the Food Hygiene Regulations rarely called for action beyond the informality of personal advice and guidance which the inspectorial staffs of local authorities mainly rely upon.

Licensed private slaughterhouses and public abattoirs in operation at the end of the year numbered 78 and three respectively. It is the general practice to carry out complete post-mortem examinations at all such establishments but ante-mortem examination of all animals is confined to relatively few districts.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1968 together with the numbers and results of inspections carried out.

*Carcases Inspected and Condemned, 1968*

	Cattle including cows	Calves	Sheep and lambs	Pigs	Horses
Number killed ... ..	119,252	4,516	507,858	260,056	—
Number inspected ... ..	119,252	4,516	507,858	260,056	—
<i>All diseases except tuberculosis and cysticerci :</i>					
Whole carcasses condemned ... ..	327	99	813	574	—
Carcases of which some part or organ was condemned ... ..	51,508	115	77,302	38,826	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ... ..	47.7	4.7	15.4	15.2	—
<i>Tuberculosis only :</i>					
Whole carcasses condemned ... ..	1	—	1	3	—
Carcases of which some part or organ was condemned ... ..	4	—	—	1,342	—
Percentage of the number inspected affected with tuberculosis ... ..	0.0	—	0.0	0.5	—
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned ... ..	108	—	317	—	—
Carcases submitted to treatment by refrigeration ... ..	65	—	—	9	—
Generalised and totally condemned ...	—	—	—	—	—

**POULTRY INSPECTION.**—From information given in local health reports there were 136 poultry processing premises in the Administrative County area, to which 2,832 visits were made during 1968. Turkeys, ducks, hens, broilers and capons are processed, 10,840,817 being dealt with during the year. Of this total some 116,030 birds representing 1.07 per cent. of the total and weighing 356,163 lbs. were condemned as unfit for human consumption.

**THE ICE CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1959-63.**—During the year routine visiting of premises for the purpose of sampling, temperature recording and inspection of equipment was reported to have been undertaken in the majority of County districts. The standards of production and storage required by the regulations were generally maintained.

**LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.**—There were three egg pasteurisation plants in operation at the end of the year. Eighty-one samples of liquid egg from eight County districts were submitted to the Alpha-Amylase test, two of which proved to be unsatisfactory.

**Food Poisoning.**—During 1968 cases of food poisoning formally notified in the Administrative County area numbered 442, but 42 more, although not the subject of formal notification, were ascertained by local medical officers of health. The total of 484 represented the highest number of cases since 1962, being 182 more than the corresponding total for the previous year and 87 more than the annual average for the preceding five years, 1963-67. There were no deaths.

Defining an outbreak in this instance as the whole of the cases, being more than one in number either probably or certainly derived from a single contaminating or infecting source, there were 38 outbreaks involving 315 cases, the remaining 169 being apparently isolated and unrelated. Brief particulars of the outbreaks, including such information as is available regarding the organisms or other agents responsible, the foods involved and the place where the contaminated food was consumed, are given in the following statement:—

District	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Accrington M.B. ...	19	—	Staph. aureus ...	Not ascertained ...	School.
Ashton-u-Lyne M.B. ...	6	—	Salm. indiana ...	Not ascertained ...	Not ascertained.
Colne M.B. ...	18	—	Cl. welchii ...	Mutton ...	Day nursery.
Crompton U.D. ...	3	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
	2	—	Salm. anatum ...	do. ...	do.
Darwen M.B. ...	8	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
	3	—	Salm. montevideo ...	do. ...	do.
	4	—	Salm. bredeney ...	do. ...	do.
	2	—	Salm. senftenberg ...	do. ...	do.
Denton U.D. ...	4	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
	4	—	Salm. group B ...	do. ...	do.
	2	—	Salm. infantis ...	do. ...	do.
Droylsden U.D. ...	2	—	Salm. braenderup ...	Not ascertained ...	Home.
Eccles M.B. ...	2	—	Salm. vejle ...	Not ascertained ...	Not ascertained.
Heywood M.B. ...	3	—	Salm. virchow ...	Chicken ...	Home.
Kirkby U.D. ...	3	—	Salm. virchow ...	Not ascertained ...	Not ascertained.
	2	—	Salm. typhi-murium ...	do. ...	do.
	3	—	Salm. virchow ...	do. ...	do.
Lytham St. Annes M.B. ...	134	—	Cl. welchii ...	Cooked turkey ...	Hotel.
Middleton M.B. ...	3	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
	3	—	Salm. panama ...	do. ...	do.
	3	—	Salm. newport ...	do. ...	do.
	2	—	Salm. oranienburg ...	do. ...	do.
	4	—	Salm. typhi-murium ...	do. ...	do.
	3	—	Salm. typhi-murium ...	do. ...	do.
Morecambe and Heysham M.B. ...	5	—	Salm. oranienburg ...	Not ascertained ...	Old people's home.
	2	—	Salm. typhi-murium ...	do. ...	Spain.
Stretford M.B. ...	30	—	Cl. welchii ...	Meat and potato 'hot pot'.	Canteen.
Turton U.D. ...	3	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
	4	—	Salm. typhi-murium ...	do. ...	do.
Whitefield U.D. ...	5	—	Salm. oranienburg ...	Not ascertained ...	Not ascertained.
Widnes M.B. ...	5	—	Salm. virchow ...	Not ascertained ...	Picnic meal.
Worsley U.D. ...	5	—	Cl. welchii ...	Roast turkey ...	Public place of entertainment.
Blackburn R.D. ...	3	—	Salm. typhi-murium ...	Not ascertained ...	School.
	2	—	Salm. virchow ...	Poultry ...	Home.
Chorley R.D. ...	3	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
Preston R.D. ...	2	—	Staph. aureus ...	Not ascertained ...	Not ascertained.
West Lancashire R.D. ...	4	—	Salm. virchow ...	Chicken ...	Tennis club.

\* Including non-notified cases ascertained during investigations.

Of the 169 isolated cases of food poisoning which occurred in 1968 the responsible organisms in 58 were identified as salmonellae—15 of *s. typhi-murium*, 14 of *s. virchow*, five of *s. group C*, three each of *s. enteritidis*, *s. dublin*, *s. bredeney*, two each of *s. group B*, *s. oranienburg*, *s. heidelberg*, and one each of *s. group D*, *s. group E*, *s. derby*, *s. saintpaul*, *s. tennessee*, *s. panama*, *s. senftenberg*, *s. livingstone*, *s. stanley*, *s. muenchen*. Two cases were due to *clostridium welchii*. In the remaining 108 isolated cases the responsible agents or organisms were not identified.

**Food and Drugs.**—The following information has been derived from the Annual Report of the County Analyst, A. C. Bushnell, Esq., F.R.I.C., M.Chem.A.

During the year under review the following new Regulations which have a bearing on the work of the Public Analyst were made:—

The Fertilisers and Feeding Stuffs Regulations, 1968.  
The Fish and Meat Spreadable Products Regulations, 1968.  
The Fertilisers and Feeding Stuffs (Amendment) Regulations, 1968.  
The Skimmed Milk with Non-Milk Fat (Amendment) Regulations, 1968.  
The Canned Meat Product (Amendment) Regulations, 1968.  
The Sausage and Other Meat Product (Amendment) Regulations, 1968.  
Food Hygiene—The Imported Food Regulations, 1968.  
The Diseases of Animals (Milk Treatment) (Amendment) Order, 1968.



In addition, the Medicines Bill received Royal Assent on the 25th October, 1968 and became the Medicines Act, 1968. It provides the compulsion which was beginning to be found necessary to ensure that drugs are tested before their general release to the public. No decisions about sampling or about the analysis of drugs have yet been published and at present the enforcement sections of the Act are framed in such general terms that it is possible for one or more of several authorities to be appointed to deal with them.

FOOD AND DRUGS SAMPLES.—The number of food and drugs samples (excluding appeal-to-cow samples) from the 90 districts within the area for which the County Council are the Food and Drugs authority examined during 1968 was 7,661 as compared with 8,055 in the previous year. Of these, 411 were classified as adulterated—13 more than in 1967.

In the following table figures relating to samples during the last ten years are given.

*Sampling, 1959-1968*

Year	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Percentage of adulteration ...	4.5	4.6	4.9	3.8	5.8	7.2	6.4	5.3	4.9	5.4
Total samples ...	8,256	7,857	8,352	8,784	8,243	7,766	7,959	8,190	8,055	7,661
Formal samples ...	3,321	3,012	2,995	3,230	2,686	2,528	2,216	2,577	2,126	2,112
Informal samples ...	4,627	4,589	5,025	5,122	5,211	4,855	5,333	5,003	5,465	5,130
Private samples ...	308	256	332	432	346	383	410	610	464	419
No. of adulterated samples ...	373	361	414	334	480	562	512	436	398	411
No. of samples per 1,000 of the population ...	5.76	5.48	5.57	5.86	5.39	5.41	5.34	5.50	5.37	5.10

MILK.—*Adulteration.*—The number of milk samples submitted under the Food and Drugs Act during the year was 4,178 and, of these, 161 were given adverse reports; the amount of adulteration was, therefore, 3.8 per cent. The table below shows the corresponding figures during the ten years 1959-1968.

*Adulteration of Milk, 1959-68*

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1959 ... ..	5,294	198	3.7
1960 ... ..	5,051	178	3.5
1961 ... ..	5,201	180	3.5
1962 ... ..	5,403	156	2.9
1963 ... ..	4,823	250	5.2
1964 ... ..	4,268	319	7.5
1965 ... ..	4,415	290	6.6
1966 ... ..	4,403	207	4.7
1967 ... ..	4,133	137	3.3
1968 ... ..	4,178	161	3.8
1959-68 ... ..	47,168	2,076	4.4

Particulars of the various types of adulteration and the number of samples in each case are given in the following statement:—

	No.	% of total
Deficient in fat only ... ..	72	1.70
Containing added water only ... ..	41	0.98
Deficient in fat and containing extraneous water ... ..	2	0.04
Containing added water and deposits ... ..	1	0.02
Containing penicillin ... ..	25	0.59
Deficient in fat and containing penicillin ... ..	3	0.07
Containing foreign matter ... ..	13	0.30
Incorrectly described... ..	4	0.10
Containing preservative ... ..	nil	nil
Containing colouring matter ... ..	nil	nil
	161	3.80
Milk containing more than 3 per cent. added water ... ..	14	0.33
Milk 10 per cent. or more deficient in fat ... ..	34	0.81

The foregoing statement shows that 1·14 per cent. of the total milk adulteration may be considered to be “serious”, with 14 samples containing more than 3 per cent. added water and 34 samples which were deficient in fat. Several of these seriously adulterated samples were taken informally and could not, therefore, lead to prosecutions. In another instance the corresponding appeal-to-cow samples showed fat deficiencies of the same order as were found in the original formal sample. Legal proceedings were instituted, however, in respect of 16 samples of milk, although four of these involved the presence of broken glass and five were prosecutions for the sale of milk containing penicillin. Only four cases of added water were taken to court and one case of fat deficiency associated with the presence of penicillin.

*Average Composition.*—The average composition of the milk examined in the County Laboratory during 1968 is shown in the table below:—

*Average Composition of Milk, 1968*

Month				*No. of samples	Fat per cent.		Solids-not-fat per cent.		Total solids per cent.		
January	...	...	...	390	935	3·65	3·65	8·55	8·57	12·20	12·22
February	...	...	...	319		3·66		8·61		12·27	
March	...	...	...	226		3·64		8·53		12·17	
April	...	...	...	333	1,044	3·66	3·62	8·54	8·62	12·20	12·24
May	...	...	...	369		3·64		8·64		12·28	
June	...	...	...	342		3·57		8·67		12·24	
July	...	...	...	262	954	3·68	3·76	8·67	8·69	12·35	12·45
August	...	...	...	344		3·74		8·69		12·43	
September	...	...	...	348		3·83		8·72		12·55	
October	...	...	...	429	1,245	3·94	3·89	8·71	8·67	12·65	12·56
November	...	...	...	450		3·94		8·69		12·63	
December	...	...	...	366		3·80		8·60		12·40	
Whole year				...	...	4,178	3·74	8·64		12·38	

\*Includes Appeal-to-Cow samples, but excludes Channel Islands milk and eight samples examined for foreign matter only.

The median figures (i.e., the middle reading in each of the whole series) and the modes (i.e., the values which occur most often) are given below:—

	Fat per cent.		Solids-not-fat per cent.		Total solids per cent.
Mean	...	3·74	8·64		12·38
Median	...	3·73	8·66		12·39
Mode	...	3·65	8·60		12·25

ARTICLES OTHER THAN MILK.—*Adulteration.*—During the year under review, 3,484 samples other than milk were examined on behalf of the County Council. Of these, 250 were criticised amounting to a so-called adulteration rate of 7·2 per cent. This is higher than the figure for the year 1967 when it was 6·6 per cent. It is also higher than the adulteration rate for milk in 1968 which was 3·8 per cent. The general public contributes greatly to this high return by its constant vigilance for extraneous matter in food, and a high proportion of the other samples which caused comment were samples improperly labelled, and some sausages which contained permitted quantities of permitted preservative but were sold with no adequate notification of the fact. Thus 54 of the 250 unsatisfactory samples contained extraneous matter, 28 contained insect matter, 47 were wrongly labelled and 15 samples of sausages were only reported wrong because of preservative or because of narrowly failing to comply with the suggested meat content. The above-mentioned “adulteration rate” of 7·2 per cent., therefore, is misleading as an index of actual adulteration of food.

ICE CREAM.—It is extremely difficult to comment on the composition of ice cream. The standards are all in terms of percentage by weight, yet most ice cream is sold by volume. This makes the compositional value of one’s purchase hard to assess because almost all the nationally distributed ice cream has an over-run of about 90 per cent.; in other words, it has air beaten into it until it is almost twice its original volume and there is no control of over-run.

One hundred and twenty-two samples of ice cream were analysed in 1968 of which eleven were dairy ice cream. Discounting the effect of over-run, the average composition of ordinary ice cream was: fat, 7·6 per cent.; total solids, 34·9 per cent. The medians and modes were 11·3 per cent. and 8·0 per cent for fat, and 39·0 per cent. and 31·0 per cent. for total solids respectively. The highest and lowest fats found were 18·7 per cent. and 4·4 per cent. whilst the highest and lowest total solids found were 52·5 per cent. and 25·0 per cent. As might have been predicted, all the ice creams with very high values for total solids were of gritty texture. Warnings were sent in the cases of fat deficiency.

Eleven samples of dairy ice cream are too few to discuss statistically, but the average butter fat found was 9·3 per cent. and the average total solids found was 34·6 per cent.

ICE LOLLIES.—For the second year running the sum total of ice lollies examined was thirty-nine, thirty having been submitted by County Public Health Officers. As has been explained in previous years, ice lollies are subject to the requirements of the Arsenic in Food Regulations and the Lead in Food Regulations, and they are allowed the rather generous limits (compared with soft



drinks) for general contamination by copper or zinc. The only other considerations are those connected with food labelling, the colouring matters used, and preservatives. In other words, there are no compositional standards; and usually there is no correlation between food value and price, although, of course, one must concede that a first class flavouring is a more expensive commodity than an indifferent one.

In only two instances were adverse reports given and both concerned the way in which the products had been labelled. In one of these cases this also involved the omission of mention of preservatives present, which had probably been derived from an ingredient.

**DRUGS.**—During the year under review 570 samples of drugs (477 County) were submitted for examination as compared with 589 such samples (497 County) during the year 1967. The samples mainly comprised articles which are the subject of monographs in the British Pharmacopoeia or the British Pharmaceutical Codex, but they also included a number of proprietary drugs and four samples of herbal remedies. They therefore included such substances as olive oil, arrowroot, etc., which can be regarded as foods as well as drugs. There was also a number of traditional drugs such as aspirin tablets, borax, etc. The trend of drug sampling in 1968 was, however, towards the investigation of more complex formulations than formerly, and it resulted in rather more time being required for their analysis. Included among the more modern proprietary medicines were such materials as Daprisal tablets, Midicel Suspension and Tryptizol tablets. Twenty-one samples (17 County) of pharmaceuticals were reported upon adversely.

**PROSECUTIONS.**—During the year a total of 411 County food and drugs samples were reported upon adversely. In respect of 40 of these, legal proceedings were instituted. Sixteen samples consisted of milk and of these four contained broken glass, five contained penicillin, two were deficient in solids-not-fat and contained extraneous water, one was deficient in fat and contained penicillin, one was deficient in solids-not-fat and contained extraneous water and deposit, one was deficient in fat and solids-not-fat and contained extraneous water, and two were incorrectly designated. In addition to the above, three samples of Channel Islands Milk were the subjects of legal proceedings. Of these, two were found to be deficient in fat and the remaining sample was deficient in solids-not-fat and contained extraneous water. The other samples which led to legal proceedings were six breads (two contained insects, one contained a drawing pin, one contained rodent excrement, one contained a piece of metal and one contained part of a smoked cigarette), one coffee extract, dry, which contained broken glass, one fruit malt loaf which contained a metal shoe protector, two lemonade (both contained insects), one biscuit containing a flour moth, two meat pies (one contained part of a mouse, one contained an insect), two meat and potato pies (one contained a cockroach, one contained a housefly), three samples of flour confectionery (one contained a cockroach, one contained a charred cigarette filter tip, one contained a charred spent match), one sweet which contained a piece of stainless steel, one sample of fish and chips containing an adhesive plaster dressing, and a baby-food which contained broken glass. The total fines and costs during the year amounted to £1,266 16s. 0d.

## SHOPS ACTS, 1950-65

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A "local authority" for the purposes of administering the provisions of the Shops Acts is the Council of:—

- (a) A Municipal Borough,
- (b) An Urban District with a population of 20,000 or more according to the last published census,
- (c) Elsewhere, the County Council.

During 1968 the County Council were responsible for enforcing the provisions of the Acts in the following 70 of the 108 districts in the Administrative County area:—

### *Urban Districts—*

Abram	Irlam	Tyldesley
Adlington	Kearsley	Ulverston
Aspull	Kirkham	Walton-le-Dale
Ashton-in-Makerfield	Lees	Wardle
Atherton	Leyland	Westhoughton
Audenshaw	Littleborough	Whitefield
Barrowford	Little Lever	Whitworth
Billinge and Winstanley	Longridge	Withnell
Blackrod	Milnrow	
Brierfield	Orrell	<i>Rural Districts—</i>
Carnforth	Oswaldtwistle	Blackburn
Church	Padiham	Burnley
Clayton-le-Moors	Poulton-le-Fylde	Chorley
Crompton	Preesall	Clitheroe
Dalton-in-Furness	Prescot	Fylde
Failsworth	Rainford	Garstang
Formby	Ramsbottom	Lancaster
Fulwood	Rishton	Lunesdale
Grange-over-Sands	Royton	North Lonsdale
Great Harwood	Skelmersdale and Holland	Preston
Haydock	Standish-with-Langtree	Warrington
Hindley	Tottington	West Lancashire
Horwich	Trawden	Whiston
Ince-in-Makerfield	Turton	Wigan

By arrangement with the County Council, the Public Health Inspectors of 44 of the above districts undertook on behalf of the County Council inspectorial duties relating to the hours of employment and the display of records of notices for young persons. As from the 1st April, 1968, the County Council paid the district councils for such inspections at the rate of 5/-d. per shop per annum (2 inspections) with a minimum of £12 per annum for those districts with less than 48 shops. Prior to the 1st April, 1968, the amounts paid were at half these rates.

Throughout the year the County Shops Inspectors made 3,611 inspections (including 86 Sunday or evening visits) and the local Public Health Inspectors 5,231 inspections, a total of 8,842 inspections, which resulted in 98 contraventions of the Acts being noted and the shopkeepers being informed of the requirements of the Acts.

Legal proceedings were instituted in 14 cases where contraventions of the Sunday trading restrictions were observed and fines and costs totalling £40 11s. 6d. imposed. There was also one case of a shopkeeper trading after the normal evening closing hour for which a fine of £5 was imposed.

## YOUNG PERSONS (EMPLOYMENT) ACT, 1964

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The County Council are responsible for the enforcement of this Act in the 70 districts of the Administrative County area for which they are the Shops Acts Authority.

During the year 97 visits were made to premises in which intoxicating liquor is regularly sold or supplied after 11 p.m. Where necessary, letters were forwarded to the proprietors of the premises concerned.





## TABLES, ETC.



TABLE 1—COUNTY BIRTH AND DEATH RATES 1889-1968

PERIOD	CRUDE LIVE BIRTH RATE per 1,000 population			CRUDE DEATH RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
AVERAGE 5 YEARS—									
1889-1894 (6 years) ...	30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895-1899 ...	28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900-1904 ...	26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905-1909 ...	24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910-1914 ...	22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915-1919 ...	17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920-1924 ...	19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925-1929 ...	14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930-1934 ...	13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935-1939 ...	13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940-1944 ...	16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945-1949 ...	17.75	17.97	16.42	12.63	12.90	11.05	45	45	41
1950-1954 ...	14.60	14.75	13.76	12.75	13.04	11.10	30	30	29
1955-1959 ...	15.69	15.66	15.84	12.81	13.00	11.74	26	26	26
1960-1964 ...	17.96	17.94	18.08	12.69	12.75	12.38	24	24	20
YEAR—									
1915 ...	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916 ...	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917 ...	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918 ...	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919 ...	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
1920 ...	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921 ...	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922 ...	18.11	18.28	17.04	13.23	13.43	11.99	85	87	73
1923 ...	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924 ...	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
1925 ...	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926 ...	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927 ...	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928 ...	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929 ...	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
1930 ...	14.01	14.07	13.66	11.87	12.10	10.56	64	64	58
1931 ...	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932 ...	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933 ...	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934 ...	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
1935 ...	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936 ...	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937 ...	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938 ...	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939 ...	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
1940 ...	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941 ...	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942 ...	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943 ...	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944 ...	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
1945 ...	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946 ...	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947 ...	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45
1948 ...	17.21	17.48	15.64	11.74	12.00	10.18	40	40	35
1949 ...	15.99	16.18	14.85	12.72	13.05	10.78	38	39	32
1950 ...	15.06	15.22	14.09	12.84	13.18	10.88	33	33	31
1951 ...	14.61	14.79	13.56	13.85	14.23	11.76	29	29	31
1952 ...	14.33	14.50	13.40	12.23	12.65	9.89	30	31	26
1953 ...	14.77	14.92	13.96	12.17	12.34	11.25	29	29	30
1954 ...	14.25	14.33	13.81	12.64	12.80	11.72	29	29	29
1955 ...	14.39	14.31	14.86	12.95	13.19	11.60	26.6	25.9	30.1
1956 ...	15.24	15.19	15.49	12.72	12.96	11.43	27.2	27.3	26.6
1957 ...	16.00	15.89	16.56	12.85	13.11	11.45	25.2	25.3	24.5
1958 ...	16.17	16.17	16.18	12.85	12.95	12.23	25.6	25.5	26.8
1959 ...	16.59	16.67	16.08	12.68	12.80	12.01	23.7	23.8	22.8
1960 ...	17.07	17.05	17.19	12.54	12.55	12.43	25.0	25.4	22.7
1961 ...	17.45	17.41	17.65	13.31	13.40	12.74	24.1	24.9	19.4
1962 ...	18.28	18.29	18.23	12.85	12.89	12.64	24.0	24.9	19.1
1963 ...	18.28	18.27	18.34	12.69	12.77	12.22	23.3	24.1	18.8
1964 ...	18.68	18.64	18.87	12.09	12.13	11.88	21.4	21.2	22.3
1965 ...	18.20	18.08	18.83	12.27	12.43	11.44	19.8	20.0	18.9
1966 ...	17.86	17.88	17.74	12.73	12.97	11.50	19.9	20.5	16.6
1967 ...	17.55	17.56	17.48	12.18	12.38	11.16	20.0	20.2	19.0
1968 ...	17.32	17.38	17.03	12.28	12.49	11.23	19.4	19.9	17.0

ADMINISTRATIVE COUNTY OF LANCASTER

Birth and Death Rates, 1889-1968

Crude Live Birth Rate - - - - - Crude Death Rate - - - - -

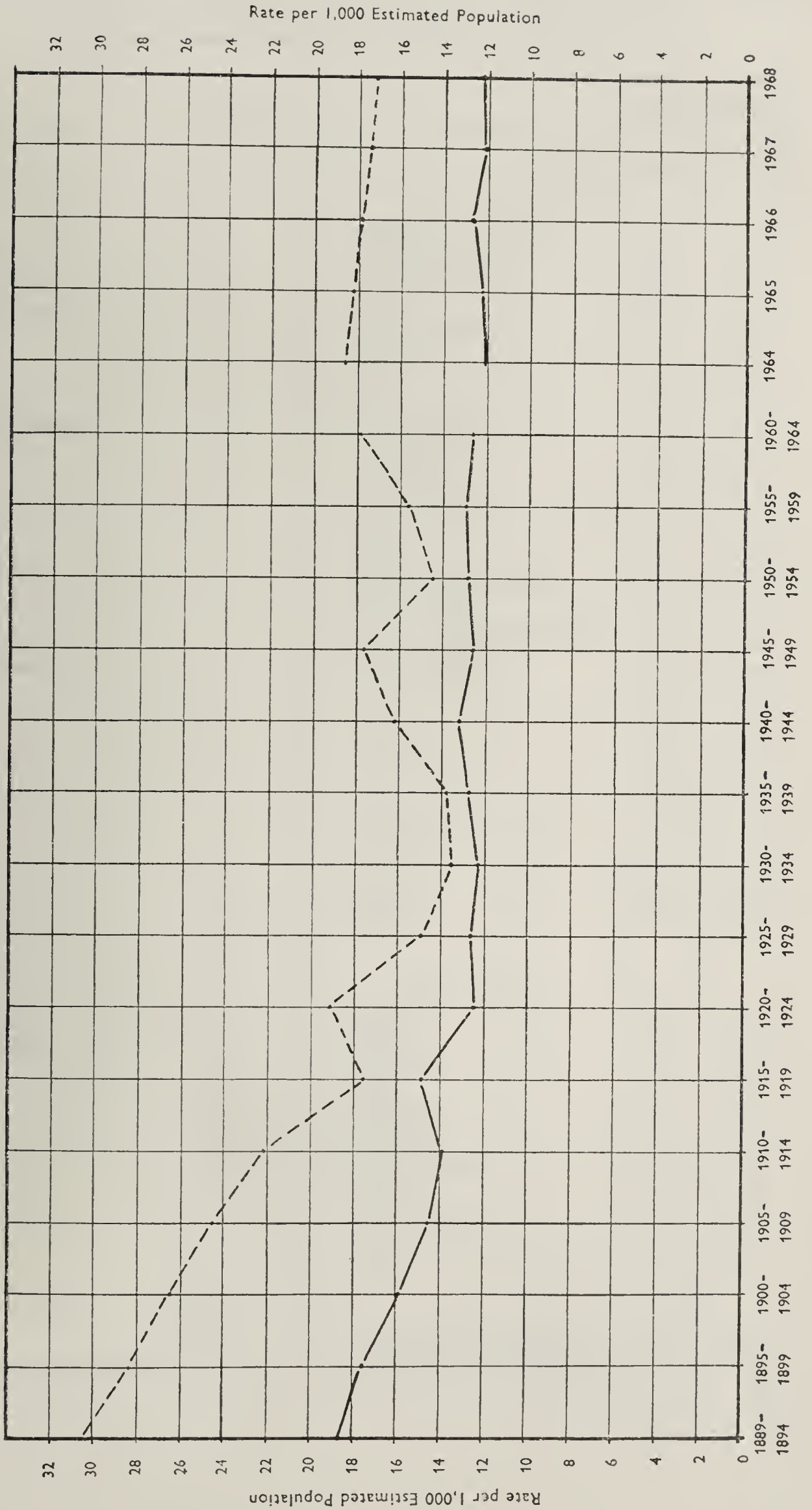










TABLE 3—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS DURING 1968

Notes : The Census, 1961, populations given in this table refer to the areas as constituted at 31st December, 1968. Areas are as supplied by the Ordnance Survey Department and are given to the nearest acre. Adjusted live birth and adjusted total death rates (for explanation, see pages 18 and 20) are not shown in this table. Each may be obtained by multiplying the crude rate by the corresponding comparability factor given in Table 2. The ratio of such adjusted rate to the rate for England and Wales is shown in the next column to the crude rate.

Rates based upon less than 20 births or deaths are distinguished by italic type as a warning that such rates are subject to a specially large amount of variation in proportion to their magnitude owing to the small number of persons whose experience is being recorded.

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1968	POPULATION AT ALL AGES		BIRTHS						DEATHS						INFANT MORTALITY			NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY			PERINATAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		Census, 1961	Est. Home, at 30th June, 1968	LIVE BIRTHS				STILLBIRTHS		Number registered			Crude rate per 1,000 pop'n	Ratio adj-usted rate to E.&W.	Deaths of infants under one year			Deaths of infants under four weeks			Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
				M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj-usted rate to E.&W.	M.	F.	Total	M.			F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Abram ...	1,979	6,004	6,210	L. 45	55	105	16.9	1.00	L. 1	—	46	29	75	12.1	1.42	L. —	—	—	nil	L. —	—	—	—	L. —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

L.—Legitimate.

I.—Illegitimate.

TABLE 3—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS						DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			EARLY NEO-NATAL MORTALITY			PERINATAL MORTALITY														
			LIVE BIRTHS			STILLBIRTHS			Number registered			Deaths of infants under one year			Deaths of infants under four weeks			Deaths of infants under one week																	
	Census, 1961	Est. Home, at 30th June, 1968	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Still- birth rate per 1,000 total births	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births											
Acreage (land and inland water) at 31st Dec. 1968	528	5,888	5,810	L. 1.	55 2	41 9	107	18.4	1.14	L. 1.	—	1	36	75	12.9	1.32	L. 1.	—	1	—	—	—	L. 1.	—	—	—	nil	L. 1.	—	—	—	nil	9		
Church ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	43	
Clayton-le-Moors ...	1,060	6,421	6,330	L. 1.	43 6	37 4	90	14.2	0.90	L. 1.	—	3	48	107	10.9	1.45	L. 1.	3	—	—	—	—	1	L. 1.	1	—	—	1	L. 1.	1	—	—	11	...	28
Clitheroe (B) ...	2,386	12,158	12,940	L. 1.	91 9	110 5	215	16.6	1.15	L. 1.	3	—	100	216	16.7	0.98	L. 1.	3	—	—	—	3	L. 1.	3	—	—	3	L. 1.	3	—	—	14	...	17	
Colehe (B) ...	5,939	19,430	18,750	L. 1.	127 24	120 26	297	15.8	1.13	L. 1.	1	1	150	293	15.6	1.22	L. 1.	7	1	—	—	8	L. 1.	4	1	—	5	L. 1.	2	1	—	10	...	13	
Crompton ...	2,865	12,708	15,460	L. 1.	147 13	138 10	308	19.9	1.34	L. 1.	3	—	87	167	10.8	1.01	L. 1.	—	2	—	—	2	L. 1.	—	—	—	2	L. 1.	—	—	1	3	...	15	
Crosby (B) ...	4,785	59,166	58,980	L. 1.	445 38	412 28	923	15.6	0.95	L. 1.	3	3	378	796	13.5	1.10	L. 1.	12	3	1	—	16	L. 1.	5	3	—	9	L. 1.	3	3	7	8	...	27	
Dalton-In-Furness ...	8,022	10,316	10,990	L. 1.	117 10	84 4	215	19.6	1.22	L. 1.	3	1	74	135	12.3	1.11	L. 1.	2	—	—	—	4	L. 1.	1	—	—	2	L. 1.	1	—	—	5	...	29	
Darwen(B)... ..	5,959	29,475	28,740	L. 1.	219 26	202 20	467	16.2	1.06	L. 1.	8	2	232	421	14.6	1.21	L. 1.	4	6	—	—	10	L. 1.	3	2	—	5	L. 1.	3	1	—	4	...	24	
Denton ...	2,593	31,089	38,010	L. 1.	321 18	312 21	672	17.7	1.04	L. 1.	3	—	198	400	10.5	1.24	L. 1.	8	10	—	—	18	L. 1.	8	5	—	13	L. 1.	7	4	11	16	...	30	
Droylsden ...	1,245	25,461	25,380	L. 1.	208 13	185 18	424	16.7	1.01	L. 1.	4	2	154	282	11.1	1.17	L. 1.	4	4	1	—	9	L. 1.	3	3	—	7	L. 1.	3	3	7	17	...	37	
Eccles(B) ...	3,417	43,173	40,220	L. 1.	273 31	234 38	576	14.3	0.88	L. 1.	5	8	316	583	14.5	1.16	L. 1.	4	7	—	—	12	L. 1.	3	5	—	8	L. 1.	2	5	7	12	...	25	
Fallsworth ...	1,679	19,819	22,660	L. 1.	235 13	225 11	484	21.4	1.20	L. 1.	3	2	132	261	11.5	1.15	L. 1.	6	3	1	—	10	L. 1.	4	2	—	7	L. 1.	4	2	7	14	...	19	
Farnworth (B) ...	1,504	27,502	26,650	L. 1.	201 16	182 17	416	15.6	1.02	L. 1.	3	1	203	430	16.1	1.16	L. 1.	4	5	—	—	10	L. 1.	3	1	—	4	L. 1.	2	1	3	7	...	24	
Fleetwood (B) ...	2,565	27,686	28,770	L. 1.	213 23	191 23	452	15.7	0.98	L. 1.	4	2	221	417	14.5	1.26	L. 1.	3	4	1	—	10	L. 1.	2	2	—	6	L. 1.	2	1	5	11	...	27	
Fornby ...	5,613	11,734	20,600	L. 1.	207 8	218 7	440	21.4	1.94	L. 1.	5	6	102	199	9.7	0.81	L. 1.	3	2	—	—	5	L. 1.	1	—	—	1	L. 1.	1	—	1	2	...	23	
Fulwood ...	3,164	16,016	19,360	L. 1.	134 4	151 6	295	15.2	0.91	L. 1.	2	—	153	296	15.3	0.76	L. 1.	1	1	—	—	2	L. 1.	1	—	—	1	L. 1.	1	—	1	3	...	...	

I.—Illegitimate.

L.—Legitimate



TABLE 3—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY			NEO-NATAL MORTALITY			EARLY NEO-NATAL MORTALITY			PERINATAL MORTALITY										
			LIVE BIRTHS		STILLBIRTHS		Number registered		Ratio adj- usted rate to E.&W.		Deaths of infants under one year			Deaths of infants under four weeks			Deaths of infants under one week													
	M.	F.																			Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total
			M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.											
Golborne ...	7,567	21,310	26,820	L. 266 15	210 10	501 }	18.7	1.03	L. 6 1	5 —	11 }	21	133	115	248	9.2	1.14	L. 10 1	3 —	13 }	26	L. 8 1	2 —	10 }	20	L. 7 1	2 —	9 }	18	39
Grange ...	1,883	3,125	3,280	L. 8 3	7 2	20 }	6.1	0.85	L. — 1	— —	— }	nil	33	37	70	21.3	0.81	L. — 1	1 —	1 }	50	L. — 1	1 —	1 }	50	L. — 1	1 —	1 }	50	50
Great Harwood ...	2,868	10,718	11,030	L. 91 4	96 4	195 }	17.7	1.14	L. 3 1	1 —	4 }	20	80	83	163	14.8	1.14	L. 3 1	1 —	4 }	21	L. 3 1	1 —	4 }	21	L. 3 1	1 —	4 }	21	40
Haslingden (B) ...	8,203	14,360	14,260	L. 104 13	120 11	248 }	17.4	1.15	L. — 1	2 1	3 }	12	113	103	216	15.1	1.17	L. 3 1	1 —	4 }	16	L. 1 1	1 —	2 }	8	L. 1 1	1 —	2 }	8	20
Haydock ...	2,395	12,074	12,740	L. 120 5	105 5	235 }	18.4	1.03	L. 2 1	— —	2 }	8	69	74	143	11.2	1.03	L. 2 1	1 —	3 }	13	L. — 1	1 —	1 }	4	L. — 1	1 —	1 }	4	13
Heywood (B) ...	8,508	24,090	30,400	L. 250 22	234 16	522 }	17.2	0.96	L. 10 1	3 —	13 }	24	184	179	363	11.9	1.29	L. 7 1	4 —	12 }	23	L. 6 1	3 —	10 }	19	L. 5 1	2 —	8 }	15	39
Hindley ...	2,610	19,396	22,400	L. 243 9	236 6	494 }	22.1	1.24	L. 6 1	2 —	8 }	16	150	124	274	12.2	1.28	L. 6 1	1 —	7 }	14	L. — 1	1 —	7 }	14	L. 6 1	1 —	7 }	14	30
Horwich ...	3,257	16,078	16,540	L. 146 8	106 8	268 }	16.2	1.04	L. 3 1	4 —	7 }	25	106	126	232	14.0	1.21	L. 3 1	1 —	4 }	15	L. — 1	1 —	4 }	15	L. 3 1	1 —	4 }	15	40
Huyton-with-Roby ...	3,055	63,089	69,240	L. 598 56	517 48	1,219 }	17.6	0.95	L. 10 3	7 1	21 }	17	322	261	583	8.4	1.17	L. 13 1	10 1	27 }	22	L. 9 3	7 1	20 }	16	L. 7 3	6 1	17 }	14	31
Ince-in-Makerfield ...	2,321	18,019	16,950	L. 143 11	137 10	301 }	17.8	1.08	L. 3 1	4 —	8 }	26	110	104	214	12.6	1.34	L. 4 1	4 —	8 }	27	L. 2 1	3 —	5 }	17	L. 2 1	3 —	5 }	17	42
Irlam ...	4,717	15,371	19,010	L. 185 7	178 11	381 }	20.0	1.35	L. 3 1	3 —	7 }	18	129	82	211	11.1	1.25	L. 2 1	2 —	5 }	13	L. 1 1	2 —	4 }	10	L. 1 1	2 —	3 }	8	26
Kearsley ...	1,727	10,296	11,680	L. 117 8	99 4	228 }	19.5	1.26	L. — 1	3 —	3 }	13	78	56	134	11.5	1.13	L. 1 1	1 —	2 }	9	L. — 1	1 —	1 }	4	L. — 1	1 —	1 }	4	17
Kirkby ...	4,672	52,088	64,190	L. 528 47	575 66	1,216 }	18.9	1.10	L. 9 1	9 1	20 }	16	192	159	351	5.5	1.48	L. 21 3	16 3	43 }	35	L. 13 2	10 2	27 }	22	L. 10 2	9 2	23 }	19	35
Kirkham ...	939	4,819	6,380	L. 47 5	25 1	78 }	12.2	0.77	L. 2 1	— —	2 }	25	50	39	89	13.9	1.39	L. 1 1	1 —	2 }	26	L. — 1	— —	— }	nil	L. — 1	— —	— }	nil	25
Lancaster (B) ...	5,101	48,253	48,090	L. 321 34	316 34	705 }	14.7	0.97	L. 6 1	7 1	14 }	19	372	418	790	16.4	1.01	L. 8 1	7 —	15 }	21	L. 5 1	5 —	10 }	14	L. 4 1	5 —	9 }	13	32
Lees ...	288	3,730	3,690	L. 33 1	35 2	71 }	19.2	1.40	L. 1 1	— —	1 }	14	33	31	64	17.3	1.08	L. — 1	— —	— }	nil	L. — 1	— —	— }	nil	L. — 1	— —	— }	nil	14

L.—Legitimate.  
I.—Illegitimate.

TABLE 3—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY
			LIVE BIRTHS		STILLBIRTHS		Number registered		Ratio adj- usted rate to E.&W.	Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week		Rate per 1,000 live births							
	M.	F.															Total	Crude rate per 1,000 pop'n	M.	F.	Total	Rate per 1,000 live births	
			Census, 1961	Est. Home, at 30th June, 1968	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total							
	M.	F.															Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.
M.			F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births									
	M.	F.													Total	Crude rate per 1,							

L.—Legitimate.

I.—Illegitimate.



TABLE 3—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	Acreage (land and water) at 31st Dec. 1968	Census, 1961	Est. Home, at 30th June, 1968	LIVE BIRTHS				STILLBIRTHS				Number registered				Ratio adj-usted rate per 1,000 to E.&W.	Deaths of infants under one year				Deaths of infants under four weeks				Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
				M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj-usted rate per 1,000 to E.&W.	M.	F.	Total	Still-birth rate per 1,000 total births	M.	F.	Total		Crude rate per 1,000 pop'n	Ratio adj-usted rate per 1,000 to E.&W.	M.	F.	Total	Rate per 1,000 live births		M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						

L.—Legitimate.

I.—Illegitimate.

TABLE 3—continued

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1968	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
				LIVE BIRTHS		STILLBIRTHS		Number registered		Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	Deaths of infants under one year				Deaths of infants under four weeks				Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
		M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total			M.	F.	Total	M.	F.	Total	M.	F.	Total	Rate per 1,000 live births	Rate per 1,000 live births	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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		Census, 1961	Est. Home, at 30th June, 1968																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														

L.—Legitimate.

I.—Illegitimate.



TABLE 3—continued

RURAL DISTRICTS	Acreage (land and inland water) at 31st Dec. 1968	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births		
				LIVE BIRTHS			STILLBIRTHS			Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week												
		Census, 1961	Est. Home, at 30th June, 1968	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Still- birth rate per 1,000 total births	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births			
Blackburn ...	19,469	15,053	19,260	L. 149 I. 7	127 4	287	14.9	0.82	L. 2 I. —	6 1	9	30	1.18	L. 4 I. —	2 —	6	21	L. 2 I. —	1 —	2	3	10	L. 1 I. —	1 —	2	7	37	
Burnley ...	39,849	16,035	16,160	L. 110 I. 8	108	234	14.5	0.98	L. 1 I. —	1	2	8	1.10	L. 3 I. —	3 —	6	26	L. 3 I. —	2 —	5	2	21	L. 3 I. —	2 —	5	21	30	
Chorley ...	41,117	28,567	34,100	L. 296 I. 13	335 16	660	19.4	1.19	L. 3 I. 2	7	12	18	1.04	L. 8 I. 1	5 —	14	21	L. 7 I. 1	2 —	9	3	17	L. 6 I. 1	2 —	9	14	31	
Clitheroe ...	82,170	8,799	9,330	L. 60 I. 3	50 2	115	12.3	0.92	L. 1 I. —	1	3	25	0.91	L. — I. —	— —	—	nil	L. — I. —	— —	—	—	—	nil	L. — I. —	— —	—	nil	25
Fylde ...	33,264	17,370	18,150	L. 191 I. 10	148 9	358	19.7	1.14	L. 5 I. —	2	7	19	0.97	L. 4 I. —	3 —	7	20	L. 1 I. —	2 —	3	2	8	L. 1 I. —	2 —	3	8	27	
Garstang ...	57,491	14,390	16,990	L. 125 I. 6	133 7	271	16.0	1.10	L. 1 I. —	—	1	4	1.04	L. 1 I. —	— —	1	4	L. 1 I. —	— —	—	—	4	L. — I. —	— —	—	nil	4	
Lancaster ...	52,982	14,000	17,270	L. 102 I. 6	112 8	228	13.2	0.92	L. 2 I. —	1	3	13	1.00	L. 2 I. —	— —	2	9	L. 1 I. —	— —	—	—	4	L. — I. —	— —	—	nil	13	
Lunesdale ...	76,267	8,224	10,460	L. 78 I. —	80 3	161	15.4	0.98	L. 2 I. —	1	3	18	0.65	L. 2 I. —	1 1	4	25	L. 2 I. —	2 —	3	1	19	L. 1 I. —	1 —	2	12	30	
North Lonsdale ...	127,448	16,598	15,880	L. 112 I. 7	90 10	219	13.8	0.96	L. 2 I. —	2	4	18	0.96	L. 4 I. —	— —	4	18	L. 3 I. —	— —	3	—	14	L. 3 I. —	— —	3	14	31	
Preston ...	49,754	43,592	50,280	L. 380 I. 13	373 20	786	15.6	1.07	L. 2 I. —	9	11	14	0.96	L. 6 I. 1	3 —	10	13	L. 4 I. 1	1 —	5	1	8	L. 3 I. 1	1 —	5	6	20	
Warrington ...	22,350	30,732	44,830	L. 501 I. 17	511 16	1,045	23.3	1.21	L. 4 I. —	3	7	7	0.92	L. 11 I. —	3 1	15	14	L. 10 I. —	1 —	10	1	11	L. 9 I. —	1 —	10	10	16	
West Lancashire ...	65,341	55,616	66,270 +66,710	L. 549 I. 27	514 16	1,106	16.6	0.83	L. 7 I. —	8	15	13	1.12	L. 9 I. 1	9 1	20	18	L. 9 I. 1	9 —	15	6	17	L. 8 I. 1	6 —	15	14	27	
Whiston ...	23,786	43,786	76,080	L. 613 I. 41	540 26	1,220	16.0	0.70	L. 4 I. 3	5	15	12	1.13	L. 14 I. 3	9 —	26	21	L. 11 I. 3	8 —	22	7	18	L. 10 I. 3	7 —	20	16	28	
Wigan ...	11,191	10,102	12,930	L. 134 I. 3	128 2	267	20.6	1.07	L. 5 I. —	4 1	10	36	1.06	L. 1 I. —	2 —	3	11	L. — I. —	— —	1	—	4	L. — I. —	1 —	1	4	40	

L.—Legitimate.

I.—Illegitimate

+Constructed population for calculation of birth and death rates. See page 16

TABLE 3—continued

TOTALS	Acreage (land and inland water) at 31st Dec. 1968	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY
				LIVE BIRTHS			STILLBIRTHS			Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week										
		Census, 1961	Est. Home, at 30th June, 1968	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	per 1,000 total births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births		
Total Rural Districts	652,479	322,864	407,970 +408,410	L. 3,400 I. 161	3,249 147	6,657	17.03	0.95	L. 41 I. 5	50	102	2,350 2,237	4,587	11.23	1.02	L. 69 I. 6	40	118	L. 54 I. 6	28	89	L. 45 I. 6	23	75	10.8	25
Total Urban Districts	380,244	1,875,344	2,020,070	L. 16,776 I. 1,292	15,779 1,258	35,105	17.38	1.08	L. 292 I. 25	263	606	12,887 12,341	25,228	12.49	1.13	L. 370 I. 42	259	697	L. 246 I. 28	178	466	L. 210 I. 25	152	398	11.3	28
Total Administrative County ..	1,032,723	2,198,208	2,428,040 +2,428,480	L. 20,176 I. 1,453	19,028 1,405	42,062	17.32	1.05	L. 333 I. 30	313	708	15,237 14,578	29,815	12.28	1.12	L. 439 I. 48	299	815	L. 300 I. 34	206	555	L. 255 I. 31	175	473	11.2	28

L.—Legitimate. I.—Illegitimate.  
†Constructed population for calculation of birth and death rates. See page 16



TABLE 4—CAUSES OF DEATH IN EACH URBAN

URBAN DISTRICTS	Col.	Total No. of deaths from all causes	MORTALITY FROM																	
			Enteritis and other diarrhoeal diseases	Tuberculosis of respiratory system	Other tuberculosis including late effects	All other infective and parasitic diseases	Malignant neoplasm—stomach	Malignant neoplasm—lung, bronchus	Malignant neoplasm—breast	Malignant neoplasm—uterus	Leukaemia	Other malignant neoplasms including neoplasms of lymphatic and haematopoietic tissue	Benign neoplasms and neoplasms of unspecified nature	Diabetes mellitus	Other endocrine, nutritional and metabolic diseases	Anaemias	Mental disorders	Other diseases of the nervous system and sense organs	Chronic rheumatic heart disease	Hypertensive disease
Abram ... ..	1	75	—	—	—	—	3	3	1	1	—	3	1	—	1	—	—	—	—	2
Accrington (B) ... ..	2	597	1	2	—	3	14	30	8	8	4	51	—	2	3	1	1	3	5	7
Adlington ... ..	3	45	—	—	—	—	1	3	1	3	—	4	—	—	—	—	—	—	2	—
Ashton-in-Makerfield ... ..	4	263	1	2	—	—	2	6	7	2	1	15	—	2	2	1	—	5	3	11
Ashton-under-Lyne (B) ... ..	5	659	4	1	—	—	11	31	10	9	2	53	1	11	2	2	—	4	16	4
Aspull ... ..	6	83	—	1	—	—	1	1	3	—	—	4	—	—	—	—	—	—	1	2
Atherton ... ..	7	354	—	—	—	—	16	12	5	3	2	34	1	3	1	1	—	4	6	11
Audenshaw ... ..	8	138	—	—	—	—	5	14	1	1	—	9	—	1	—	—	—	2	2	4
Bacup (B) ... ..	9	216	—	1	—	—	4	10	4	1	3	17	—	1	1	—	—	3	3	5
Barrowford ... ..	10	85	—	—	—	—	3	5	—	1	—	7	—	1	—	—	—	—	2	—
Billinge and Winstanley ... ..	11	117	—	—	—	—	3	4	4	1	2	8	—	3	1	—	2	1	2	1
Blackrod ... ..	12	35	—	—	—	1	1	—	2	—	—	2	—	—	—	—	—	—	1	2
Brierfield ... ..	13	88	—	—	—	—	3	1	—	1	—	7	—	3	—	—	—	4	1	2
Carnforth ... ..	14	39	—	—	—	—	2	3	—	1	—	2	—	—	—	—	—	—	2	1
Chadderton ... ..	15	409	1	1	—	—	11	20	9	2	—	49	—	5	1	—	—	3	7	4
Chorley (B) ... ..	16	410	1	1	—	1	13	16	5	5	3	24	2	4	2	1	—	1	8	5
Church ... ..	17	75	—	2	—	—	5	4	3	1	—	4	—	—	—	—	—	—	—	1
Clayton-le-Moors ... ..	18	107	1	—	—	—	2	6	4	1	1	4	—	1	—	1	—	—	2	—
Clitheroe (B) ... ..	19	216	—	—	—	—	6	10	3	2	—	11	1	2	—	1	—	3	—	5
Colne (B) ... ..	20	293	—	1	—	1	4	15	2	4	2	28	—	—	—	2	—	4	4	2
Crompton .. ..	21	167	—	—	—	—	5	5	3	1	—	21	—	3	—	—	—	—	4	4
Crosby (B) ... ..	22	796	1	—	—	2	13	38	18	4	6	71	2	4	5	2	1	8	7	21
Dalton-in-Furness ... ..	23	135	1	1	—	1	3	3	2	—	—	11	—	—	—	—	—	—	—	1
Darwen (B) ... ..	24	421	1	1	—	1	10	10	8	6	1	36	—	7	—	2	—	2	3	12
Denton... ..	25	400	1	—	—	—	5	18	7	1	1	29	3	—	1	4	—	2	4	3
Droylsden ... ..	26	282	1	—	—	—	5	15	—	1	1	24	—	2	2	1	—	3	5	6
Eccles (B) ... ..	27	583	3	1	—	3	14	30	4	4	5	61	—	10	2	1	—	7	2	4
Failsworth ... ..	28	261	—	2	—	1	11	20	3	3	—	21	1	2	1	1	—	1	5	5
Farnworth (B) ... ..	29	430	2	3	—	—	8	19	5	4	—	35	1	2	2	3	1	7	5	15
Fleetwood (B)... ..	30	417	—	3	—	1	6	27	4	2	1	36	1	3	2	1	2	2	6	2
Formby ... ..	31	199	1	—	1	—	5	9	4	—	2	13	—	1	1	—	—	3	—	1
Fulwood ... ..	32	296	—	1	—	—	8	4	3	3	—	31	1	3	—	2	1	2	7	2
Golborne ... ..	33	248	—	1	—	—	8	11	6	2	3	21	—	1	4	1	—	4	6	3
Grange ... ..	34	70	—	—	—	—	—	3	3	1	—	5	—	—	—	—	—	—	—	—
Great Harwood ... ..	35	163	—	—	—	—	3	7	3	1	—	12	1	1	—	—	—	2	5	10
Haslingden (B) ... ..	36	216	—	—	—	—	3	14	4	—	—	18	—	1	1	—	—	2	1	6
Haydock ... ..	37	143	—	—	—	—	5	2	1	—	—	7	—	1	—	—	—	2	4	4
Heywood (B) ... ..	38	363	—	2	—	2	18	19	8	2	1	24	—	1	—	—	—	3	3	5
Hindley ... ..	39	274	—	1	—	—	3	6	5	4	—	19	—	4	1	1	1	—	—	7
Horwich ... ..	40	232	—	1	—	1	5	9	4	1	—	19	—	—	1	1	—	4	3	5
Huyton-with-Roby ... ..	41	583	2	—	3	—	13	36	11	4	1	52	3	4	3	2	2	4	9	9
Ince-in-Makerfield ... ..	42	214	—	—	1	1	2	9	4	1	—	16	—	1	—	—	—	3	5	5
Irlam ... ..	43	211	—	—	—	—	7	14	1	1	1	20	1	1	—	—	—	2	3	1
Kearsley ... ..	44	134	1	—	—	—	3	8	2	—	1	10	—	3	1	1	1	2	—	2

\*Other defined conditions:— (a) Bacillary dysentery and amoebiasis; (b) Diphtheria; (c) Measles; (d) Tuberculosis of the lungs; (e) Measles; (f)—Syphilis and its sequelae; (g) Other diseases of the nervous system and sense organs; (h) Other diseases of blood and blood forming organs

## ND RURAL DISTRICT IN THE YEAR 1968

## JOINED CAUSES

	Cerebrovascular disease	Other diseases of the circulatory system	Influenza	Pneumonia	Bronchitis, emphysema	Asthma	Other diseases of the respiratory system	Peptic ulcer	Intestinal obstruction and hernia	Cirrhosis of liver	Other diseases of the digestive system	Nephritis and nephrosis	Hyperplasia of prostate	Other diseases of the genito-urinary system	Abortion	Other complications of pregnancy, childbirth and puerperium	Diseases of the musculo-skeletal system and connective tissue	Congenital anomalies	Birth injury, difficult labour and other anoxic and hypoxic conditions	Other causes of perinatal mortality	Symptoms and ill-defined conditions	Other defined conditions*	Motor vehicle accidents	All other accidents	Suicide and self-inflicted injuries	All other external causes	Col.
3	11	—	1	7	7	—	5	—	—	—	—	1	—	1	—	—	2	—	—	—	—	—	—	—	1	1	1
2	99	40	6	47	38	4	7	5	1	3	11	2	1	4	—	—	2	3	—	12	1	{ <sup>1(i)</sup> 1(l)	2	9	2	—	2
4	5	—	—	1	3	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	3
5	36	5	1	16	10	2	6	1	1	1	2	3	1	—	—	—	3	2	3	6	—	—	4	3	2	—	4
3	91	25	5	58	63	4	6	3	1	3	5	4	1	3	—	—	—	2	7	7	3	—	12	5	6	3	5
5	17	3	1	4	6	—	2	—	—	—	—	2	—	—	—	—	1	1	—	—	—	—	2	1	1	—	6
1	58	7	4	27	9	—	4	—	1	1	2	1	2	—	—	—	—	4	2	3	2	{ <sup>1(b)</sup> 1(d) 1(g) 2(l)	4	6	6	—	7
7	15	4	3	9	17	1	1	1	—	1	—	1	—	1	—	—	—	1	2	—	—	—	3	—	4	—	8
8	23	9	—	8	14	—	4	1	3	1	2	3	—	—	—	—	—	—	—	1	—	—	4	4	3	—	9
5	24	1	—	4	6	—	1	—	—	—	1	—	—	—	—	—	—	1	1	—	2	—	—	3	—	—	10
0	18	3	—	12	5	—	2	1	1	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	2	2	11
3	4	—	—	—	3	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	1	1	12
2	17	10	2	1	7	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	13
2	6	1	—	1	1	—	—	—	—	—	1	—	—	1	—	—	—	1	1	1	—	—	1	1	—	—	14
7	55	12	3	29	30	—	4	6	5	2	3	3	—	2	—	—	1	3	—	5	3	1(f)	8	3	3	1	15
6	65	15	2	19	17	2	7	2	3	2	3	2	1	2	—	—	—	2	1	3	1	—	2	11	7	—	16
6	10	3	—	2	4	—	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	4	1	—	17
1	15	1	1	4	8	—	2	—	1	1	1	—	—	—	—	—	—	2	1	—	1	—	—	3	1	—	18
0	40	8	2	15	4	—	—	2	2	1	2	—	—	—	—	—	1	3	1	—	5	—	1	2	2	—	19
1	47	15	2	10	19	1	1	1	1	—	2	1	1	4	1	—	—	2	1	2	6	1(e)	6	9	4	1	20
3	18	5	1	14	12	—	1	1	—	—	—	2	—	1	—	1	—	—	1	1	—	{ <sup>1(f)</sup> 2(f) 1(h) 1(k) 1(a) 1(f) 1(i)	2	1	4	1	21
3	114	35	3	52	40	2	3	6	5	2	9	—	3	4	—	—	4	7	2	2	10	{ <sup>1(h)</sup> 2(f) 1(k) 1(a) 1(f) 1(i)	9	20	2	4	22
4	23	3	1	3	4	—	1	1	2	—	4	1	—	—	—	—	—	2	—	1	1	{ <sup>1(a)</sup> 1(f) 1(h) 1(i)	2	9	—	—	23
8	57	9	1	25	32	1	5	2	3	—	7	2	2	5	—	—	3	1	2	1	—	—	5	4	6	1	24
7	50	18	2	32	31	—	3	5	4	1	4	1	1	3	—	1	1	4	3	7	1	1(k)	5	4	7	3	25
2	25	10	2	20	30	2	2	5	—	—	2	1	—	1	—	—	1	4	1	4	6	1(g) { <sup>1(g)</sup> 1(k)	5	2	—	—	26
3	70	46	7	18	27	1	8	1	2	—	3	2	1	3	—	—	2	1	3	2	—	—	1	14	4	1	27
1	35	7	—	20	12	1	1	1	—	1	3	1	3	3	—	—	1	3	4	1	—	—	3	4	1	1	28
1	61	31	1	38	34	—	9	3	2	—	4	1	—	4	—	—	5	1	1	1	1	1(d)	3	17	4	2	29
9	54	24	2	15	25	—	5	3	1	—	2	1	1	2	—	—	2	3	3	2	12	—	6	4	4	—	30
6	31	12	—	15	12	—	1	1	—	—	1	1	—	—	—	1	1	1	—	1	2	1(l)	5	—	2	2	31
12	44	11	2	12	16	1	4	1	—	—	2	1	—	3	—	—	2	1	—	—	3	—	1	3	1	2	32
20	19	6	3	22	13	1	5	1	1	—	—	2	—	—	—	—	—	3	5	3	—	1(g)	3	9	2	1	33
3	20	4	—	2	1	—	—	—	1	—	1	—	—	—	—	—	1	—	—	1	—	—	—	2	—	—	34
17	16	11	2	5	6	1	—	—	—	1	1	—	—	—	—	—	—	1	2	1	4	—	3	—	1	—	35
12	26	11	2	15	11	—	—	2	—	2	1	1	—	3	—	—	—	—	1	1	2	1(l)	4	4	1	—	36
17	21	7	2	9	8	—	5	—	1	—	3	2	—	3	—	—	1	1	—	1	—	—	—	1	—	—	37
13	50	19	—	39	24	—	5	1	—	1	3	—	—	1	—	—	1	3	5	3	3	1(f)	3	12	2	1	38
27	44	11	2	14	21	—	8	1	—	—	5	4	1	2	—	—	2	5	2	1	1	1(k)	2	5	1	—	39
8	43	22	1	8	13	—	5	3	—	2	2	—	—	—	—	—	1	1	2	1	1	—	1	6	4	1	40
36	83	18	1	32	48	—	9	4	—	1	8	3	1	6	—	—	1	6	6	10	4	{ <sup>1(h)</sup> 1(i)	4	5	3	—	41
20	23	9	—	12	25	—	2	3	1	—	2	3	3	—	—	—	—	—	2	3	2	1(i)	1	4	—	—	42
6	31	17	3	8	10	1	1	—	1	—	—	—	2	—	—	—	—	3	2	—	—	—	3	3	3	—	43
5	20	7	—	6	11	—	1	1	2	—	—	2	2	1	—	—	1	—	—	1	2	—	2	2	1	1	44

) Whooping cough; (d) Meningococcal infection;

) Avitaminoses and other nutritional deficiency;

) Meningitis; (j) Active rheumatic fever; (k) Appendicitis; (l) Diseases of the skin and subcutaneous tissue.



TABLE 4—continued

URBAN DISTRICTS	Col.	Total No. of deaths from all causes	MORTALITY FROM																	
			Enteritis and other diarrhoeal diseases	Tuberculosis of respiratory system	Other tuberculosis including late effects	All other infective and parasitic diseases	Malignant neoplasm—stomach	Malignant neoplasm—lung, bronchus	Malignant neoplasm—breast	Malignant neoplasm—uterus	Leukaemia	Other malignant neoplasms including neoplasms of lymphatic and haematopoietic tissue	Benign neoplasms and neoplasms of unspecified nature	Diabetes mellitus	Other endocrine, nutritional and metabolic diseases	Anaemias	Mental disorders	Other diseases of the nervous system and sense organs	Chronic rheumatic heart disease	Hypertensive disease
Kirkby ... ..	45	351	2	—	—	1	9	23	8	4	1	35	1	4	5	1	2	4	11	4
Kirkham ... ..	46	89	—	1	—	—	1	6	—	1	—	5	—	2	1	1	—	1	—	2
Lancaster (B) ... ..	47	790	—	2	—	—	19	20	12	1	2	54	3	2	1	3	—	7	12	8
Lees ... ..	48	64	—	—	—	—	2	5	—	—	—	5	—	—	—	—	1	—	1	—
Leigh (B) ... ..	49	594	—	3	1	1	11	19	11	5	4	49	1	6	—	3	—	1	3	17
Leyland ... ..	50	204	—	—	—	—	3	7	1	—	3	8	—	1	—	—	—	3	2	4
Litherland ... ..	51	243	—	1	—	—	11	16	6	1	1	23	—	—	—	—	—	2	5	6
Littleborough ... ..	52	145	1	—	—	—	5	4	2	3	1	17	1	—	—	—	—	2	1	2
Little Lever ... ..	53	70	—	—	—	—	5	3	—	1	—	3	—	1	—	1	—	—	2	2
Longridge ... ..	54	63	—	—	—	—	1	—	2	—	1	6	1	—	—	1	—	—	1	1
Lytham St. Annes (B) ... ..	55	711	—	—	—	—	16	20	13	4	5	53	1	4	3	3	1	7	6	6
Middleton (B) ... ..	56	539	3	—	—	—	16	24	5	6	4	52	1	9	1	5	—	6	4	3
Milnrow ... ..	57	114	—	—	—	—	3	1	1	1	—	10	—	—	—	—	—	—	2	—
Morecambe & Heysham (B)... ..	58	711	—	1	—	1	18	27	12	2	2	86	1	3	3	3	1	3	6	7
Mossley (B) ... ..	59	133	—	2	—	—	3	5	—	1	—	7	—	1	1	1	—	1	2	4
Nelson (B) ... ..	60	492	—	—	—	2	8	18	6	2	—	33	2	5	2	1	—	6	13	4
Newton-le-Willows ... ..	61	265	—	1	—	—	9	10	4	2	2	25	—	1	—	2	—	4	—	5
Ormskirk ... ..	62	301	1	—	—	2	9	14	4	1	1	27	—	4	—	—	1	1	4	4
Orrell ... ..	63	132	—	—	—	—	2	2	1	2	2	15	—	3	—	—	—	1	—	4
Oswaldtwistle ... ..	64	194	2	—	—	—	4	15	4	—	—	7	—	2	—	1	—	1	2	7
Padiham ... ..	65	141	—	1	—	—	2	4	—	—	—	10	—	2	1	—	—	1	1	1
Poulton-le-Fylde ... ..	66	178	—	—	—	—	4	15	4	1	1	13	1	1	—	2	—	2	—	5
Preesall ... ..	67	80	1	—	—	—	1	3	1	—	1	8	—	—	—	—	1	—	1	—
Prescot... ..	68	161	—	1	1	—	4	8	—	2	—	17	—	1	2	—	—	—	2	2
Prestwich (B) ... ..	69	532	2	1	1	3	17	18	7	9	2	43	3	1	4	1	1	11	6	14
Radcliffe (B) ... ..	70	388	—	—	—	—	11	12	—	4	2	34	1	3	—	2	1	3	2	3
Rainford ... ..	71	51	—	—	—	—	1	1	2	—	1	5	—	—	—	1	—	—	1	3
Ramsbottom ... ..	72	221	1	—	—	1	8	11	5	1	1	12	—	1	1	—	—	1	2	4
Rawtenstall (B) ... ..	73	345	—	2	—	—	12	15	4	2	3	20	—	2	—	—	1	2	1	6
Rishton ... ..	74	82	—	—	1	—	2	4	—	1	—	10	—	—	—	—	—	—	—	1
Royton ... ..	75	194	—	—	—	—	10	3	2	1	—	17	—	2	1	1	1	1	3	4
Skelmersdale and Holland ... ..	76	182	—	—	—	—	6	6	5	—	1	18	—	5	1	—	—	4	3	3
Standish-with-Langtree ... ..	77	132	—	—	—	—	1	1	5	—	1	10	—	2	—	—	—	1	4	2
Stretford (B) ... ..	78	672	—	1	1	1	13	43	12	4	3	67	3	5	1	3	—	7	5	17
Swinton & Pendlebury (B) ... ..	79	436	2	—	—	—	19	33	8	3	1	44	—	4	1	—	1	3	4	6
Thornton Cleveleys ... ..	80	432	—	—	—	—	13	17	4	3	2	33	—	5	—	3	—	4	6	10
Tottington ... ..	81	124	—	—	—	—	5	6	3	1	1	10	—	—	—	1	—	3	—	3
Trawden ... ..	82	29	—	—	—	—	2	1	—	—	—	2	—	1	—	—	—	—	—	—
Turton ... ..	83	163	—	1	—	—	4	8	3	—	2	9	—	—	1	2	1	3	—	4
Tyldesley ... ..	84	249	—	1	—	—	11	7	4	2	1	19	1	—	2	—	—	2	9	11
Ulverston ... ..	85	163	—	—	—	—	3	5	1	2	1	15	—	—	1	1	—	3	1	—
Urmston ... ..	86	458	1	1	1	1	16	25	14	4	5	37	1	2	1	—	1	5	4	6

\*Other defined conditions:—  
(a) Bacillary dysentery and amoebiasis; (b) Diphtheria;  
(c) Measles; (d) Syphilis and its sequelae;  
(e) Other diseases of blood and blood forming organs

## JOINED CAUSES

	Cerebrovascular disease	Other diseases of the circulatory system	Influenza	Pneumonia	Bronchitis, emphysema	Asthma	Other diseases of the respiratory system	Peptic ulcer	Intestinal obstruction and hernia	Cirrhosis of liver	Other diseases of the digestive system	Nephritis and nephrosis	Hyperplasia of prostate	Other diseases of the genito-urinary system	Abortion	Other complications of pregnancy, childbirth and puerperium	Diseases of the musco-skeletal system and connective tissue	Congenital anomalies	Birth injury, difficult labour and other anoxic and hypoxic conditions	Other causes of perinatal mortality	Symptoms and ill-defined conditions	Other defined conditions*	Motor vehicle accidents	All other accidents	Suicide and self-inflicted injuries	All other external causes	Col.
1	24	12	—	20	28	1	11	3	1	—	2	2	1	2	—	—	—	8	7	17	—	{ 1(c) 1(h)	3	7	3	2	45
	16	6	—	4	4	1	2	—	1	—	—	—	—	—	—	—	2	2	—	—	6	1(i)	1	4	1	—	46
3	116	32	4	101	38	2	9	8	4	3	2	2	6	8	—	—	1	9	1	6	14	—	9	18	3	—	47
	8	1	—	2	9	—	—	1	—	1	—	—	—	2	—	—	—	—	—	—	2	—	—	1	—	—	48
	76	14	3	37	28	1	13	5	2	1	4	5	2	3	—	—	2	5	4	1	3	{ 1(d) 1(i) 1(k)	5	24	3	2	49
	31	13	2	9	11	—	—	2	—	1	1	1	—	—	—	—	1	5	3	4	1	—	—	5	4	—	50
	34	6	—	12	15	—	1	3	—	1	1	1	1	—	—	—	1	1	3	6	1	1(c)	2	6	2	1	51
	23	3	—	6	6	—	1	1	—	—	1	1	—	2	—	—	1	1	—	1	2	—	1	1	1	1	52
	10	4	—	3	3	—	—	1	—	—	1	—	—	1	—	—	—	—	4	1	—	1(i)	1	2	—	—	53
	11	5	1	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	54
120	59	3	28	26	4	4	4	7	3	3	7	6	1	5	1	—	1	2	2	1	8	{ 1(f) 1(h) 1(i) 1(k)	4	7	5	3	55
	70	20	1	35	34	—	6	5	1	2	12	1	1	5	—	—	3	4	5	2	1	—	3	13	1	3	56
	25	5	2	13	6	—	2	—	—	—	—	1	—	1	—	1	1	1	2	1	—	—	1	1	2	1	57
112	37	5	31	35	5	4	7	4	—	8	—	4	2	—	—	—	2	5	—	3	7	1(f)	4	12	4	2	58
	18	2	1	17	21	—	—	1	—	—	1	—	—	1	—	—	—	1	1	—	1	—	2	—	—	—	59
	92	23	2	14	21	—	4	2	2	1	1	—	3	6	—	—	5	2	1	2	7	1(j) 1(g) 1(i) 1(k) 3(l)	4	11	4	—	60
	31	11	3	10	28	—	3	—	—	—	2	1	2	1	—	—	1	1	—	2	—	—	1	4	2	—	61
	55	8	—	23	18	1	1	—	3	—	5	1	—	1	—	—	4	3	4	1	1	—	3	11	2	1	62
	30	5	3	2	10	1	3	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	2	1	—	63
	30	12	1	14	8	—	1	1	3	1	1	2	—	1	—	—	1	3	—	2	2	—	4	2	2	—	64
	35	17	1	4	9	—	—	1	1	1	4	1	1	—	—	—	—	—	1	—	2	1(k)	—	4	—	3	65
	33	12	—	4	8	—	3	2	—	2	3	—	1	1	—	—	—	—	2	—	1	1(l)	2	2	1	3	66
	10	5	—	3	2	—	4	2	—	1	2	—	1	—	—	—	—	—	—	—	1	—	1	3	2	—	67
	27	8	1	13	8	—	1	2	—	—	2	—	—	—	—	—	—	3	3	1	1	{ 1(d) 1(l)	1	2	—	—	68
	73	22	7	29	25	1	2	2	1	2	5	—	1	—	—	1	3	1	2	2	4	{ 3(f) 1(l)	4	14	1	—	69
	53	23	1	20	7	—	2	5	1	—	4	1	—	4	—	—	2	5	1	3	1	—	7	11	4	1	70
	6	2	—	6	3	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	2	—	—	—	—	—	71
	46	14	—	5	10	—	2	2	3	1	1	—	—	2	—	—	—	2	1	—	1	1(i)	4	6	3	—	72
	70	12	1	13	11	—	1	3	4	1	2	3	—	1	—	—	1	—	1	2	—	1(i)	5	14	3	—	73
	8	6	—	4	1	1	—	—	—	—	1	1	1	1	—	—	—	1	—	—	—	1(l)	—	4	1	—	74
	29	5	1	18	15	—	—	4	1	1	1	3	—	—	—	—	—	3	1	—	1	{ 1(d) 2(i)	6	2	3	1	75
	24	6	1	5	8	—	5	2	—	—	4	—	—	3	—	—	1	5	3	3	—	1(h)	3	3	2	1	76
	21	5	2	3	5	—	4	1	1	—	1	—	—	—	—	—	2	2	—	—	4	—	1	2	—	—	77
117	35	9	19	37	2	9	1	2	—	6	—	—	1	2	—	—	4	6	6	4	2	1(f)	6	9	2	4	78
	54	15	1	22	31	—	5	—	2	—	5	1	1	2	—	—	2	3	—	5	3	1(e)	1	8	4	1	79
	65	34	4	19	17	3	6	1	3	—	7	2	—	3	—	1	—	2	3	—	7	—	4	4	—	1	80
	18	10	—	2	6	—	1	1	—	3	2	1	—	—	—	—	2	—	—	—	—	—	2	5	1	—	81
	7	1	—	1	2	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	82
	31	12	—	8	8	—	2	2	2	—	—	2	2	1	—	—	1	1	—	—	1	—	—	—	2	1	83
	33	8	3	12	12	—	7	—	—	—	4	1	—	1	—	—	—	1	1	3	—	1(k)	2	8	3	—	84
	52	6	—	2	4	—	1	1	1	—	1	1	1	—	—	—	1	4	—	—	1	—	—	3	3	—	85
	72	11	1	20	20	1	7	2	2	1	4	—	2	3	—	—	4	2	—	2	6	—	4	8	4	1	86

\* Whooping cough; (d) Meningococcal infection;

(e) Avitaminoses and other nutritional deficiency;

(f) Meningitis; (j) Active rheumatic fever; (k) Appendicitis; (l) Diseases of the skin and subcutaneous tissue.



TABLE 4—continued

URBAN DISTRICTS	Col.	Total No. of deaths from all causes	MORTALITY FROM																		
			Enteritis and other diarrhoeal diseases	Tuberculosis of respiratory system	Other tuberculosis including late effects	All other infective and parasitic diseases	Malignant neoplasm—stomach	Malignant neoplasm—lung, bronchus	Malignant neoplasm—breast	Malignant neoplasm—uterus	Leukaemia	Other malignant neoplasms including neoplasms of lymphatic and haematopoietic tissue	Benign neoplasms and neoplasms of unspecified nature	Diabetes mellitus	Other endocrine, nutritional and metabolic diseases	Anaemias	Mental disorders	Other diseases of the nervous system and sense organs	Chronic rheumatic heart disease	Hypertensive disease	Techonmle heart disease
Walton-le-Dale ... ..	87	226	3	1	1	—	4	12	3	—	—	23	1	2	1	—	1	—	1	5	6
Wardle ... ..	88	111	—	1	—	—	2	3	2	1	1	8	—	—	—	1	—	1	1	2	3
Westhoughton ... ..	89	249	1	1	—	—	2	5	5	1	1	20	—	3	1	3	—	1	7	7	6
Whitefield ... ..	90	244	—	—	1	—	7	9	5	—	1	22	5	1	1	3	—	1	7	7	5
Whitworth ... ..	91	91	—	1	—	1	—	3	1	1	—	12	—	1	1	1	1	1	2	2	1
Widnes (B) ... ..	92	562	—	—	—	—	19	26	8	3	5	45	1	3	2	6	—	8	8	10	11
Withnell ... ..	93	52	—	1	—	—	—	2	—	—	—	7	1	1	1	—	—	1	—	—	1
Worsley ... ..	94	532	—	1	—	—	18	34	9	4	3	39	1	5	1	2	2	5	13	11	11
Total Urban Districts ...	—	25,228	43	55	13	33	645	1109	394	180	113	2097	51	195	83	92	30	226	325	441	658
RURAL DISTRICTS																					
Blackburn ... ..	95	257	1	—	—	1	7	5	3	1	1	19	2	4	1	—	1	11	4	2	7
Burnley ... ..	96	245	—	—	1	1	3	11	4	2	2	16	—	3	1	—	—	1	4	2	6
Chorley ... ..	97	379	—	—	—	—	10	13	6	1	1	24	1	1	—	1	—	3	5	5	10
Clitheroe ... ..	98	108	—	1	—	—	1	—	1	—	2	9	—	1	1	—	—	4	1	3	2
Fylde ... ..	99	296	—	—	—	—	5	10	2	2	—	14	1	1	4	2	2	6	2	1	4
Garstang ... ..	100	203	—	—	—	—	5	10	4	1	1	24	—	3	1	—	—	—	5	5	5
Lancaster ... ..	101	271	1	—	—	—	4	11	6	1	—	28	3	4	—	1	—	6	6	2	7
Lunesdale ... ..	102	107	—	1	—	—	1	4	—	—	—	13	—	—	—	—	—	1	—	3	3
North Lonsdale ... ..	103	217	—	—	—	—	—	3	3	1	2	27	1	2	2	—	—	—	4	2	6
Preston ... ..	104	629	2	1	1	3	10	15	16	8	6	52	—	3	1	2	—	4	7	16	19
Warrington ... ..	105	461	—	2	—	—	10	22	5	3	5	29	1	3	—	—	2	4	4	7	15
West Lancashire ... ..	106	674	1	1	—	—	12	32	14	4	5	61	2	7	2	1	4	12	8	6	17
Whiston ... ..	107	622	3	—	1	3	17	32	12	5	3	52	—	5	2	6	2	4	9	11	15
Wigan ... ..	108	118	—	—	1	—	—	4	1	1	1	10	1	2	—	—	—	—	—	4	2
Total Rural Districts...	—	4,587	8	6	4	8	85	172	77	30	29	378	12	39	15	13	11	56	59	69	12
Total Urban Districts ...	—	25,228	43	55	13	33	645	1109	394	180	113	2097	51	195	83	92	30	226	325	441	658
Administrative County ...	—	29,815	51	61	17	41	730	1281	471	210	142	2475	63	234	98	105	41	282	384	510	778

\*Other defined conditions:—

(a) Bacillary dysentery and amoebiasis	...
(b) Diphtheria ... ..	...
(c) Whooping cough ... ..	...
(d) Meningococcal infection	...
(e) Measles ... ..	...
(f) Syphilis and its sequelae	...

Totals		
Urban Districts	Rural Districts	Administrative County
1	...	1
1	...	1
2	...	2
5	...	5
2	...	2
12	2	14

## JOINED CAUSES

	Cerebrovascular disease	Other diseases of the circulatory system	Influenza	Pneumonia	Bronchitis, emphysema	Asthma	Other diseases of the respiratory system	Peptic ulcer	Intestinal obstruction and hernia	Cirrhosis of liver	Other diseases of the digestive system	Nephritis and nephrosis	Hyperplasia of prostate	Other diseases of the genito-urinary system	Abortion	Other complications of pregnancy, childbirth and puerperium	Diseases of the musculo-skeletal system and connective tissue	Congenital anomalies	Birth injury, difficult labour and other anoxic and hypoxic conditions	Other causes of perinatal mortality	Symptoms and ill-defined conditions	Other defined conditions*	Motor vehicle accidents	All other accidents	Suicide and self-inflicted injuries	All other external causes	Col.
33	8	—	5	10	—	1	—	1	—	5	2	1	1	—	—	—	3	5	2	—	—	4	3	2	—	87	
19	4	1	6	2	—	—	1	—	1	—	1	—	—	—	—	—	1	3	—	—	3	3	—	—	88		
49	14	—	9	15	2	3	3	1	2	1	2	1	2	—	—	—	1	3	1	2	1	—	4	2	—	89	
39	12	1	12	8	1	4	2	1	1	3	3	2	1	—	—	—	1	4	—	3	—	{ <sup>1(g)</sup> 1(l)	4	1	3	—	90
7	9	—	7	2	—	1	—	—	—	—	—	—	1	—	—	—	3	1	1	2	1	—	1	3	—	—	91
61	22	2	40	52	1	6	5	1	3	—	4	1	8	—	—	—	2	4	4	4	3	1(k)	6	12	3	4	92
11	3	2	4	1	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—	—	—	93
83	24	—	22	44	2	10	1	2	1	2	4	2	5	—	1	1	1	2	4	6	—	2(i)	7	13	3	5	94
78	3752	1158	141	1431	1469	56	290	165	101	62	224	113	69	150	2	7	95	195	149	181	185	78*	251	485	194	72	—
28	7	1	24	10	1	4	2	3	—	2	—	—	1	—	—	—	3	3	—	2	3	—	4	4	2	1	95
45	14	2	9	15	1	2	—	—	—	1	—	1	3	—	—	—	—	2	2	1	1	{ <sup>1(h)</sup> 1(i)	4	6	3	—	96
88	16	3	13	16	—	9	2	1	—	4	1	1	3	—	—	—	—	4	6	2	1	{ <sup>1(h)</sup> 1(i)	4	6	4	1	97
11	10	—	11	4	1	—	3	—	—	—	—	1	—	—	—	—	—	2	—	—	—	{ <sup>1(g)</sup> 1(i) 1(k)	—	3	—	—	98
60	59	2	15	12	2	3	3	—	—	2	—	1	—	—	—	—	5	2	1	2	8	—	1	5	—	1	99
31	9	1	9	9	—	1	3	—	—	1	1	—	1	—	—	—	—	1	—	—	4	1(k)	2	6	—	1	100
37	19	4	11	9	2	2	4	1	—	2	1	1	4	—	—	—	1	—	—	—	4	1(h)	3	6	2	—	101
17	6	2	5	7	1	—	1	1	—	1	—	—	—	—	—	—	—	—	2	1	—	—	—	4	—	—	102
41	9	—	7	3	—	3	4	—	—	4	2	—	2	1	—	—	1	2	2	—	1	1(i)	2	5	3	—	103
79	27	4	41	21	—	3	2	3	1	10	6	2	7	—	—	—	1	4	2	4	7	{ <sup>1(f)</sup> 1(g) 1(i)	8	10	5	1	104
53	21	1	29	20	1	5	4	—	—	6	2	2	9	—	—	—	2	2	4	5	8	—	6	12	2	1	105
107	35	—	32	26	2	2	5	1	—	9	1	3	4	—	—	—	2	7	2	10	5	1(f)	12	21	3	3	106
66	25	2	62	36	—	8	2	1	—	6	2	1	6	—	—	—	2	3	9	7	6	{ <sup>2(k)</sup> 2(l)	10	10	2	5	107
24	—	1	5	6	1	7	—	1	—	4	—	1	2	—	—	—	2	2	—	—	—	—	—	—	—	2	108
35	687	257	23	273	194	12	49	35	12	1	52	16	14	42	1	—	19	34	30	34	48	18*	56	98	26	16	—
78	3752	1158	141	1431	1469	56	290	165	101	62	224	113	69	150	2	7	95	195	149	181	185	78*	251	485	194	72	—
13	4439	1415	164	1704	1663	68	339	200	113	63	276	129	83	192	3	7	114	229	179	215	233	96*	307	583	220	88	—

\*Other defined conditions (Continued):—

(g) Avitaminoses and other nutritional deficiency	...	...	...	...
(h) Other diseases of blood and blood-forming organs	...	...	...	...
(i) Meningitis	...	...	...	...
(j) Active rheumatic fever	...	...	...	...
(k) Appendicitis	...	...	...	...
(l) Diseases of the skin and subcutaneous tissue	...	...	...	...

Totals			
Urban Districts	Rural Districts	Administrative County	

6	...	2	...	8
6	...	3	...	9
16	...	5	...	21
1	...	—	...	1
11	...	4	...	15
15	...	2	...	17





TABLE 5 (cont'd.)—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Year ended 31st December, 1968

[illegible]









TABLE 7—ANTENATAL AND POST-NATAL CLINICS  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ANTENATAL AND POST-NATAL ATTENDANCES AND OF RELAXATION CLASSES DURING 1968

Health Division No.	No. of clinics at 31st December, 1968	No. of sessions during year conducted by—				Antenatal attendances			Post-natal attendances		Relaxation classes			
		Medical officers	Midwives	G.P's, on sessional basis	Hospital medical staff	No. of women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of women attending	No. of attendances	No. of sessions	No. of women attending	No. of attendances
1 ...	2	—	2	—	93	601	1,948	20.5	3.2	176	176	88	148	565
2 ...	—	—	—	—	—	—	—	—	—	—	—	215	457	2,284
3 ...	4	—	24	—	151	799	3,688	21.1	4.6	201	228	280	400	2,313
4 ...	5	—	153	—	177	1,979	7,007	21.2	3.5	69	69	282	455	2,350
5 ...	6	353	6	4	97	1,714	6,353	13.8	3.7	25	26	310	411	2,552
6 ...	5	36	832	—	—	415	3,081	8.4	7.4	—	—	128	153	750
7 ...	1	51	7	—	—	52	334	5.8	6.4	—	—	47	74	362
8 ...	7	—	131	27	*103	569	2,434	9.3	4.3	*45	*47	220	210	1,037
9 ...	6	—	—	72	300	1,113	4,675	12.6	4.2	242	254	166	155	690
10 ...	5	28	166	—	50	893	2,679	11.0	3	1	1	233	303	1,670
11 ...	8	—	337	142	35	1,627	6,188	12.0	3.8	82	95	275	659	3,338
12 ...	7	260	49	—	98	1,047	6,246	15.3	0.0	12	12	311	377	1,913
13 ...	6	148	173	10	10	763	4,124	12.1	5.4	37	37	84	108	445
14 ...	6	108	185	—	—	710	3,958	13.5	5.6	—	—	97	187	594
15 ...	6	358	—	11	49	820	3,897	9.3	4.8	218	226	223	253	1,220
16 ...	2	34	37	1	—	199	358	5.0	1.8	32	32	93	232	1,498
17 ...	6	23	105	—	107	832	3,072	13.1	3.7	—	—	184	319	1,643
Delegate District—														
Crosby M.B. ...	1	—	51	—	—	88	326	6.4	3.7	—	—	49	84	559
Huyton-w-Roby U.D.	2	—	—	—	101	286	1,101	10.9	3.8	15	15	93	60	314
Middleton M.B. ...	2	35	177	—	13	329	2,365	10.5	7.2	—	—	48	94	464
Stretford M.B. ...	3	46	46	—	—	95	403	4.4	4.2	—	—	48	100	546
TOTAL—Administrative County	90	1,480	1,981	267	*1,384	14,931	64,237	12.6	4.3	*1,155	*1,218	3,474	5,239	27,107

\* Includes 11 sessions for post-natal purposes only, at which 40 women made 42 attendances.

TABLE 8—CHILD HEALTH CENTRES  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ATTENDANCES DURING 1968

Health Division No.	No. of centres at 31st Dec. 1968	No. of sessions conducted by—			No. of children who attended and were born in—			No. of attendances by children at ages (in years)				Average attendances (all children) per session	*No. of children referred elsewhere
		Medical officers	Health visitors	G.P.'s, on occasional basis	1968	1967	1963—66	by children at ages (in years)					
								0—	1—	2-4 (Inclusive)			
1	7	181	14	—	358	345	462	3,482	758	1,264	28.2	42	
2	19	830	143	—	1,444	1,420	2,330	23,201	6,185	4,859	35.2	202	
3	17	718	207	—	1,502	1,164	965	22,602	4,604	2,747	32.4	116	
4	35	980	567	—	3,284	3,072	2,895	48,130	11,638	7,987	43.8	243	
5	20	605	538	—	1,806	1,623	1,718	32,805	6,770	8,666	42.2	—	
6	15	489	222	—	1,240	1,096	1,402	17,962	4,993	4,122	38.1	12	
7	17	578	202	34	2,259	1,831	1,530	27,376	6,210	6,293	45.7	160	
8	13	†626	145	35	1,988	1,866	1,697	25,655	5,812	3,770	43.7	148	
9	18	718	434	56	3,004	2,550	2,161	35,053	8,102	7,410	41.9	109	
10	14	632	106	—	1,783	1,689	1,821	23,983	4,890	2,869	43.0	85	
11	20	815	459	—	2,738	2,408	2,084	41,272	8,212	4,853	42.7	170	
12	22	902	360	11	2,322	2,107	2,413	28,703	7,649	6,069	33.3	229	
13	10	346	193	—	1,206	1,162	1,237	17,651	3,500	3,853	40.4	184	
14	7	403	209	—	1,528	1,362	1,137	24,239	4,011	2,716	50.6	45	
15	12	838	50	26	2,023	1,777	2,614	30,089	7,782	6,361	48.4	35	
16	6	321	122	15	1,019	1,146	1,632	19,476	5,923	4,236	61.7	136	
17	14	723	30	96	1,889	1,707	1,975	28,068	5,050	3,835	43.5	249	
Delegate District—													
Crosby M.B.	4	166	188	—	743	626	744	9,765	2,489	2,805	42.5	90	
Huyton-with-Roby U.D.	6	283	124	—	900	673	422	10,224	2,169	2,005	35.4	21	
Middleton M.B.	5	315	56	—	706	569	537	7,532	1,522	911	26.9	21	
Stretford M.B.	4	290	17	—	746	724	967	8,289	2,686	1,437	40.4	138	
TOTAL— Administrative County...	285	†11,759	4,446	273	34,498	30,917	32,743	485,557	111,055	89,068	41.6	2,435	

\*See textpage 41.

† Includes 54 sessions conducted by hospital medical staff.



TABLE 9—CARE OF PREMATURE INFANTS

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF PREMATURE INFANTS BORN IN 1968 WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	BORN IN HOSPITAL										BORN AT HOME OR IN A NURSING HOME										(a) Nursed entirely there.										(b) Transferred to hospital on or before 28th day.													
	2 lb. 3 oz. or less				Over 2 lb. 3 oz. to 3 lb. 4 oz.				Over 3 lb. 4 oz. to 4 lb. 6 oz.				Over 4 lb. 6 oz. to 5 lb. 8 oz.				2 lb. 3 oz. or less				Over 2 lb. 3 oz. to 3 lb. 4 oz.				Over 3 lb. 4 oz. to 4 lb. 6 oz.				Over 4 lb. 6 oz. to 5 lb. 8 oz.				Over 5 lb. 8 oz. to 6 lb. 15 oz.				Over 6 lb. 15 oz. to 7 lb. 8 oz.							
	Died				Died				Died				Died				Died				Died				Died				Died				Died				Died				Died			
	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours	In 1 and under 7 days	In 7 and under 28 days								
1	2	—	1	—	9	—	—	—	1	—	—	—	20	1	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
2	3	2	—	—	25	—	—	—	23	1	—	—	55	2	2	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
3	6	2	4	—	14	—	—	—	17	1	—	—	63	1	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
4	5	4	1	—	33	—	—	—	46	2	—	—	105	2	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
5	10	9	1	—	31	—	—	—	41	1	—	—	69	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
6	4	2	2	—	16	—	—	—	17	—	—	—	39	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
7	9	8	1	—	31	—	—	—	32	—	—	—	75	1	2	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
8	5	3	2	—	27	—	—	—	26	1	—	—	62	1	2	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
9	24	19	2	—	56	—	—	—	64	—	—	—	143	3	1	2	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
10	6	4	2	—	25	—	—	—	27	2	—	—	51	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
11	7	5	1	—	44	—	—	—	50	—	—	—	95	2	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
12	5	3	—	—	25	—	—	—	27	1	—	—	74	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
13	3	3	—	—	13	—	—	—	15	1	—	—	33	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
14	4	2	2	—	14	—	—	—	17	—	—	—	44	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
15	9	8	1	—	24	—	—	—	37	2	—	—	62	2	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
16	1	—	1	—	8	—	—	—	14	—	—	—	20	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
17	10	8	2	—	30	—	—	—	37	1	—	—	65	1	1	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)								
Delegate District—																		(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)									
Crosby M.B. ...	3	3	—	—	6	—	—	—	12	—	—	—	24	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)									
Huyton-w-Roby U.D.	2	2	—	—	16	—	—	—	19	—	—	—	30	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)									
Middleton M.B.	4	1	2	—	10	—	—	—	13	—	—	—	18	—	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)									
Stretford M.B.	5	3	—	—	15	—	—	—	21	—	—	—	35	2	—	—	—	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)	(a)									
TOTAL—	127	91	25	1	472	43	19	7	556	13	9	4	1,182	18	12	9	7	3	3	7	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
Admin. County	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...								

TABLE 10—MOTHER AND BABY HOMES

SUMMARY BY HEALTH DIVISIONS AND DELEGATE DISTRICTS OF UNMARRIED EXPECTANT AND NURSING MOTHERS FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1968

HOME		*NO. OF CASES ADMITTED—																	Total— Adminis- trative County					
		FROM HEALTH DIVISION NO.																		FROM DELEGATE DISTRICT			†Others	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		Total	Crosby M.B.	Huyton- w-Roby U.D.		Middle- ton M.B.
Ashcroft House, 214 Whitegate Drive, Blackpool	...	...	...	1(1)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1(1)	—	—	—	—	1(1)
The Bell Hostel, 2 Salehurst Road, Eastbourne	...	...	...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	1
Fylde House of Help, 141 Hornby Road, Blackpool	...	...	...	3	2	—	1	—	—	—	3	—	—	—	2	—	—	—	15	—	—	—	—	15
"The Grange", Wilpshire, near Blackburn	...	...	...	5	12(3)	5	1	2	—	—	12	3	2	1	6	2	1	1	57(3)	1	1	1	—	61(3)
Huddersfield Mission Home, 'Bryanwood', Bryan Road, Edgerton, Huddersfield	...	...	...	—	—	2(1)	—	—	—	—	—	—	—	—	—	—	—	2(1)	—	—	—	—	2(1)	
Lancaster, Morecambe and District Moral Welfare Association, Girls' Hostel, 7 Queen Street, Lancaster	...	...	...	3	3	3	—	—	—	—	—	—	—	—	—	—	—	17(1)	—	—	—	—	17(1)	
Liverpool Catholic Children's Protection Society—Affiliated Homes	...	...	...	1(1)	—	—	8	4	4	3	2	—	—	—	—	—	—	22(1)	2	—	—	—	20(1)	
Lorna Lodge, Barlow Moor Road, Manchester, 20	...	...	...	—	—	1	—	—	—	2	—	—	—	—	—	—	—	3	—	—	—	—	3	
Methodist Maternity Home, 10 Rutford Rd., Streatham, London S.W. 16	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
Nazareth House, 2 Hillbury Road, Wrexham	...	...	...	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	4	
Preston Moral Welfare Council, Parkinson House, 68 West Cliff, Preston	...	...	...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	7	
Sacred Heart Maternity Home, Brettargh Holt, near Kendal	...	...	...	—	—	—	—	—	—	—	—	1	—	—	1	1	—	4	—	—	—	—	4	
Salvation Army Home, North Mossley Hill Road, Liverpool	...	...	...	—	—	—	1	—	1	—	1	—	—	1	—	—	—	4	—	1	—	—	8	
Salvation Army Home, Bury New Road, Salford	...	...	...	5	—	1	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	6	
St. Agnes' House, 15 Mauldeth Road, Manchester, 20	...	...	...	—	—	—	—	—	1	—	3	—	—	—	3	2	2	11	—	—	1(1)	2	14(1)	
St. Anne's Maternity Home, Simpson Hill, Heywood	...	...	...	—	—	—	—	—	—	—	4	1	—	3	6	—	5	19	—	—	3	—	23	
St. Bridget's Home, Lache Lane, Chester	...	...	...	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2	—	—	1	—	3	
St. Gerard's, Bishopton, Renfrewshire	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	
St. Margaret's Home, Goose Green, Wigan	...	...	...	—	—	—	5(1)	—	3	1	2	—	—	—	1	—	—	12(1)	4	—	—	—	16(1)	
St. Mary's Home, Coledale Hall, Carlisle	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	
St. Michael's Home, 56 Frances Road, Windsor	...	...	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
St. Monica's Home, 10/11 Belle Vue, Bradford	...	...	...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	
St. Monica's Home, 13 Croxteth Place, Liverpool, 8	...	...	...	—	—	—	1	2	8	2	—	1	—	—	—	—	—	14	—	—	—	—	18	
St. Monica's Maternity Home, 8 Dalton Drive, Sedburgh Road, Kendal	...	...	...	3	3	1	—	—	—	—	—	—	—	—	—	—	—	20	—	—	—	—	22	
St. Nicholas Maternity Home, 20 Alphonington Road, Exeter	...	...	...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	1	
St. Teresa's Home, 61 Broom Lane, Salford, 7	...	...	...	—	1	5(1)	3	—	1	—	3	2	5(1)	2	2(1)	2	5(3)	31(6)	—	—	1(1)	6(1)	38(8)	
Waverley House, Victoria Road, Grappenhall, Warrington	...	...	...	1	—	—	—	3	1	6	—	—	—	—	—	—	1	12	—	—	—	—	12	
TOTAL	...	...	...	22(1)	25(4)	16(1)	18(1)	12	18	16	32	8	9(1)	7	21(1)	7	14(3)	269(14)	9	9	7(2)	11(1)	4	309(17)

\* These normally are expectant mothers. Post-natal cases are included and also shown in brackets. Cases transferred from one home to another are shown against the homes to which they were first admitted.  
† Cases referred by County Children's Committee.



TABLE 11—DAY NURSERIES  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ACCOMMODATION AND ATTENDANCES DURING 1968

Health Division No.	Accommodation and attendances during 1968					Proportion (per cent.) of attendances to places available (all ages)	No. of nurseries	Position at 31st December, 1968						
	No. of nursery days	Total day places available at ages (in years)			Total attendances at ages (in years)			No. of places approved for children at ages (in years)	No. of children—					
									On registers			On waiting lists		
									Social cases		Others			
									Ages (in years)	Ages (in years)				
0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	Social cases	Others			
1	...	—	—	—	—	—	—	—	—	—	—	—	—	
2	...	512	10,240	21,760	3,982	21,625	2	40	85	21	117	1	2	21
3	...	256	4,864	7,936	1,939	7,866	1	19	31	9	23	2	25	99
4	...	492	9,102	15,498	6,132	14,485	2	37	63	6	20	30	59	235
5	...	1,469	25,216	44,314	14,587	50,581	6	103	181	43	82	53	179	127
6	...	972	16,038	32,076	9,696	34,472	4	66	132	26	77	27	94	97
7	...	255	6,375	16,575	2,791	13,735	1	25	65	15	48	5	22	54
8	...	—	—	—	—	—	—	—	—	—	—	—	—	—
9	...	512	5,632	25,088	3,973	16,747	2	22	98	18	59	6	36	120
10	...	—	—	—	—	—	—	—	—	—	—	—	—	—
11	...	976	20,740	28,792	13,000	32,801	4	85	118	37	88	26	95	—
12	...	243	4,617	7,533	1,406	8,110	1	19	31	9	20	2	18	61
13	...	723	11,821	19,049	5,966	18,130	3	49	79	17	54	11	54	208
14	...	1,470	18,362	43,610	9,594	39,224	6	75	178	31	64	15	151	217
15	...	733	10,997	21,993	6,123	22,339	3	45	90	34	85	5	28	173
16	...	1,006	11,554	33,228	7,633	37,049	4	46	132	21	105	19	100	293
17	...	1,490	27,555	46,345	9,482	51,040	6	111	189	25	100	29	166	182
Delegate District—														
Crosby M.B.	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Huyton-with-Roby U.D.	768	10,240	23,040	7,671	18,366	78.2	3	40	90	39	64	5	28	15
Middleton M.B....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stretford M.B.	750	10,000	18,000	5,737	18,955	88.2	3	40	72	21	69	12	24	108
TOTAL— Administrative County	12,627	203,353	404,837	109,712	405,525	84.7	51	822	1,634	372	1,075	248	1,081	2,010

TABLE 12—HEALTH VISITING  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF HOME VISITS DURING 1968

Health Division No.	* Cases visited by—												Visits paid by health visitors and tuberculosis visitors									
	Health visitors												T.B. visitors		Children under 5 years	Adults (excl. expectant mothers and tuberculous)	Tuberculosis			Total		
	Children born in			† Aged 65 years or over	† Mentally disordered	†† Discharged from hospital	T.B. house-holds	Infectious diseases (other than T.B.)	Other cases	T.B. house-holds	Cases		Contacts									
	1968	1967	1963-66								Under 65	65 and over	Under 65	65 and over			Under 65	65 and over				
1	654	613	1,488	636 (23)	18 (1)	11 (5)	45	10	203	—	321	8,534	591	2,027	60	37	37	11	11,618			
2	1,700	1,930	4,662	2,762(1,129)	45 (17)	134(77)	41	95	1,654	298	1,746	32,684	3,535	9,636	829	93	2,152	36	50,711			
3	1,961	2,394	5,358	1,803 (520)	124 (30)	183 (75)	18	194	1,578	117	1,400	27,052	1,474	5,113	275	84	782	24	36,204			
4	4,294	4,428	8,430	3,007 (423)	116 (49)	149 (92)	1	125	2,640	762	1,081	40,580	3,392	7,059	686	150	655	20	53,623			
5	3,047	2,326	3,782	1,388 (104)	21 (6)	648 (16)	87	241	1,003	119	764	20,240	1,452	2,173	141	63	321	39	25,193			
6	1,518	1,668	2,867	1,671 (647)	42 (28)	128(114)	131	50	746	—	1,110	17,169	1,583	3,998	145	69	268	23	24,365			
7	2,848	2,428	7,001	941 (148)	46 (11)	80 (35)	25	36	150	416	1,034	33,521	1,693	2,751	1,050	245	1,299	141	41,734			
8	2,677	2,561	7,092	1,059 (87)	27 (6)	40 (17)	10	56	90	473	1,207	29,673	1,299	1,761	1,476	223	2,932	40	38,611			
9	5,358	4,570	12,639	4,544 (346)	145 (38)	256(151)	239	70	1,612	1,515	1,606	47,580	4,851	8,286	2,609	433	3,940	234	69,539			
10	2,286	2,239	6,510	630 (77)	52 (8)	40 (13)	46	54	305	206	583	22,334	1,828	1,328	1,233	171	1,840	229	29,546			
11	3,715	3,177	7,776	2,279 (331)	83 (39)	96 (71)	12	172	175	357	920	35,101	1,753	4,189	325	275	884	44	43,491			
12	4,650	4,103	2,300	2,300 (250)	75 (22)	32 (17)	60	560	476	120	874	29,312	1,313	2,897	552	234	569	39	35,790			
13	1,488	1,163	2,838	886 (6)	1 (1)	11 (4)	7	21	158	336	499	16,727	364	2,042	1,014	9	472	1	21,128			
14	1,873	1,923	6,034	1,389 (84)	22 (6)	60 (43)	—	9	324	107	363	24,909	634	2,319	142	63	472	16	28,918			
15	2,022	1,854	5,302	907 (145)	21 (5)	73 (35)	16	26	120	225	416	17,038	1,055	1,453	460	123	119	14	20,678			
16	1,109	1,060	3,256	476 (49)	25 (6)	33 (24)	91	63	407	—	249	14,187	1,163	1,449	107	45	67	15	17,282			
17	2,636	1,918	4,063	2,803 (177)	43 (9)	62 (33)	7	33	902	1,763	281	16,199	926	4,486	1,578	186	1,508	201	25,365			
Delegate District—																						
Crosby M.B.	1,010	1,040	3,457	646 (17)	11 (2)	16 (5)	7	3	186	156	212	14,396	305	1,229	569	66	735	5	17,517			
Huyton-w-R. U.D.	1,302	1,228	4,998	1,474 (204)	28 (3)	219(144)	205	47	1,258	54	438	16,062	455	2,328	226	109	135	33	19,786			
Middleton M.B.	804	611	2,385	543 (287)	33 (13)	73 (57)	15	52	416	75	284	12,614	2,245	1,639	149	10	504	3	17,448			
Stretford M.B.	1,006	977	2,926	379 (28)	35 (6)	18 (11)	164	28	376	—	411	16,759	840	818	191	60	112	20	19,211			
TOTAL—Admin. County	47,958	44,211	105,164	32,523(5,082)	1,013(306)	2,362(1,039)	1,227	1,945	14,779	7,099	15,799	492,671	32,751	68,981	13,817	2,748	19,803	1,188	647,758			

\* A case which can be classified to more than one category is included under each appropriate heading. No adult case is included unless some advice or service was given.  
† Cases visited at the request of a G.P. or hospital are included and also shown separately in brackets.  
‡ Excludes maternity cases, and persons discharged from mental hospitals.



TABLE 13—DISTRICT NURSING

ANALYSIS OF COMPLETED CASES BY SEX AND AGE GROUPS—YEAR ENDED 31ST DECEMBER, 1968

Disease or ailment	Total cases (both sexes)		Age in years												All ages									
			0—				5—				15—				45—				65—					
	M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system ...	204	0.5	—	—	2	0.2	4	0.3	2	0.2	57	0.9	15	0.3	25	0.4	9	0.1	119	0.8	85	0.3		
Other infective and parasitic diseases ...	722	1.7	28	2.4	26	3.2	12	1.0	11	1.3	101	1.6	139	2.5	77	1.2	212	1.7	233	1.5	489	1.9		
Cancer ...	2,401	5.8	3	0.3	2	0.2	4	0.3	2	0.2	100	1.6	487	8.6	637	9.6	741	5.8	1,069	7.0	1,332	5.1		
Diabetes ...	476	1.1	1	0.1	—	—	3	0.3	5	0.6	11	0.2	82	1.4	65	1.0	262	2.1	116	0.8	360	1.4		
Anaemias and other blood diseases...	4,172	10.0	—	—	4	0.5	3	0.3	7	0.8	781	12.5	819	14.5	574	8.6	1,727	13.5	834	5.4	3,338	12.7		
Mental, psychoneurotic disorders ...	204	0.5	—	—	1	0.1	—	—	—	—	37	0.6	60	1.1	17	0.3	54	0.4	52	0.3	152	0.6		
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,299	3.1	—	—	1	0.1	—	—	1	0.1	5	0.1	87	1.5	453	6.8	649	5.1	556	3.6	743	2.8		
Other diseases of central nervous system ...	1,762	4.2	4	0.3	2	0.2	2	0.2	6	0.7	106	1.7	233	4.1	485	7.3	676	5.3	739	4.8	1,033	3.9		
Diseases of eye, ear and mastoid process ...	1,942	4.7	99	8.6	64	8.0	51	4.3	51	5.9	327	5.2	261	4.6	234	3.5	293	2.3	946	6.2	996	3.8		
Diseases of heart and circulatory system ...	2,267	5.4	4	0.3	2	0.2	3	0.3	5	0.6	120	1.9	372	6.6	557	8.4	933	7.3	835	5.4	1,432	5.4		
Influenza ...	235	0.6	1	0.1	—	—	1	0.1	1	0.1	22	0.4	34	0.6	43	0.6	112	0.9	66	0.4	169	0.6		
Pneumonia ...	550	1.3	17	1.5	11	1.4	6	0.5	3	0.3	29	0.5	53	0.9	154	2.3	215	1.7	239	1.6	311	1.2		
Bronchitis ...	1,380	3.3	99	8.6	53	6.6	10	0.9	7	0.8	59	0.9	170	2.3	389	5.8	411	3.2	720	4.7	660	2.5		
Other diseases of respiratory system ...	1,191	2.9	70	6.1	80	10.0	59	5.0	66	7.7	187	6.9	312	2.0	87	1.3	129	1.0	492	3.2	699	2.7		
Diseases of digestive system...	3,972	9.5	78	6.8	51	6.4	155	13.2	101	11.8	525	8.4	516	9.1	603	9.0	1,059	8.3	1,720	11.2	2,252	8.5		
Diseases of genito-urinary system ...	1,750	4.2	122	10.6	7	0.9	33	2.8	13	1.5	405	6.5	375	6.6	270	4.0	376	2.9	574	3.7	1,176	4.5		
Diseases of the skin ...	3,181	7.6	126	10.9	88	11.0	210	17.9	171	19.9	379	6.1	413	7.3	348	5.2	890	7.0	1,240	8.1	1,941	7.4		
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	1,061	2.5	2	0.2	3	0.4	4	0.3	8	0.9	64	1.0	200	3.5	100	1.5	575	4.5	211	1.4	850	3.2		
Senility and ill-defined conditions ...	6,895	16.5	228	19.7	201	25.1	144	12.3	103	12.0	714	11.4	776	13.7	1,249	18.7	2,464	19.3	2,637	17.2	4,258	16.2		
Burns and scalds ...	825	2.0	115	10.0	79	9.9	46	3.9	44	5.1	96	1.5	85	1.5	67	1.0	179	1.4	342	2.2	483	1.8		
Other accidents, injuries, etc. ...	3,121	7.5	141	12.2	108	13.5	393	33.5	225	26.2	340	5.4	311	5.5	189	2.8	742	5.8	1,395	9.1	1,726	6.6		
All other conditions ...	2,088	5.0	17	1.5	16	2.0	30	2.6	27	3.1	1,661	26.6	98	1.7	44	0.7	72	0.6	214	1.4	1,874	7.1		
TOTAL—Administrative County	41,698	100	1,155	100	801	100	1,173	100	859	100	2,720	100	6,251	100	3,634	100	5,658	100	6,667	100	15,349	100	26,349	100

Note: Percentages are of the total cases of the particular sex/age group.

TABLE 14—DISTRICT NURSING

ANALYSIS OF COMPLETED CASES BY DURATION OF TREATMENTS, FREQUENCY OF VISITS AND DISPOSAL OF CASES  
YEAR ENDED 31ST DECEMBER, 1968

Disease or ailment	Total No. of cases	Duration of treatment					Disposal of cases														
		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other	
				Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system ...	204	3,373.9	16.5	14,453	—	70.8	4.3	124	60.8	43	21.1	6	2.9	15	7.4	2	1.0	13	6.4	1	0.5
Other infective and parasitic diseases ...	722	4,105.6	5.7	15,040	—	20.8	3.7	633	87.7	45	6.2	13	1.8	9	1.2	3	0.4	19	2.6	—	—
Cancer ...	2,401	21,408.3	8.9	83,349	3,017	36.0	4.0	281	11.7	596	24.8	1,440	60.1	30	1.2	12	0.5	40	1.7	2	0.1
Diabetes ...	476	13,953.6	29.3	71,328	365	150.6	5.1	128	26.9	143	30.0	49	10.3	89	18.7	6	1.3	59	12.4	2	0.4
Anaemias and other blood diseases ...	4,172	133,107.6	31.9	152,594	79	36.6	1.1	2,405	57.6	702	16.8	378	9.1	407	9.8	22	0.5	246	5.9	12	0.3
Mental, psychoneurotic disorders ...	204	2,214.1	10.9	3,912	14	19.2	1.8	129	63.2	43	21.1	13	6.4	6	2.9	2	1.0	9	4.4	2	1.0
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,299	18,592.7	14.3	49,283	119	38.0	2.7	272	20.9	456	35.1	509	39.2	35	2.7	5	0.4	18	1.4	4	0.3
Other diseases of central nervous system ...	1,762	40,746.1	23.1	95,162	126	54.1	2.3	496	28.1	627	35.6	419	23.8	133	7.5	5	0.3	77	4.4	5	0.3
Diseases of eye, ear and mastoid process ...	1,942	2,520.6	1.3	9,845	35	5.1	3.9	1,889	97.3	25	1.3	3	0.2	6	0.3	4	0.2	6	0.3	9	0.5
Diseases of heart and circulatory system ...	2,267	39,488	17.4	91,147	110	40.3	2.3	1,097	48.4	581	25.6	419	18.5	79	3.5	28	1.2	60	2.6	3	0.1
Influenza ...	235	731.6	3.1	2,810	9	12.0	3.9	180	76.6	26	11.1	23	9.8	6	2.6	—	—	—	—	—	—
Pneumonia ...	550	2,143.4	3.9	8,400	80	15.4	4.0	309	56.2	119	21.6	104	18.9	7	1.3	2	0.4	8	1.5	1	0.2
Bronchitis ...	1,380	8,033.6	5.8	23,058	54	16.7	2.9	953	69.1	209	15.2	173	12.5	21	1.5	2	0.1	17	1.2	5	0.4
Other diseases of respiratory system ...	1,191	3,154.9	2.6	11,214	24	9.4	3.6	1,050	88.2	73	6.1	34	2.9	3	0.3	2	0.2	27	2.3	2	0.2
Diseases of digestive system ...	3,972	16,007.3	4.0	47,436	224	12.0	3.0	3,330	83.8	376	9.5	114	2.9	58	1.5	76	1.9	15	0.4	3	0.1
Diseases of genito-urinary system ...	1,750	31,766	18.2	35,314	48	20.2	1.1	1,386	79.2	179	10.2	85	4.9	52	3.0	18	1.0	29	1.7	1	0.1
Diseases of the skin ...	3,181	30,219.1	9.5	82,515	86	26.0	2.7	2,505	78.7	365	11.5	103	3.2	81	2.5	54	1.7	35	1.1	38	1.2
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	1,061	31,861.1	30.0	64,350	38	60.7	2.0	416	39.2	341	32.1	120	11.3	101	9.5	8	0.8	65	6.1	10	0.9
Senility and ill-defined conditions ...	6,895	76,583.9	11.1	165,292	257	24.0	2.2	3,313	48.0	1,307	19.0	930	13.5	229	3.3	962	14.0	139	2.0	15	0.2
Burns and scalds ...	825	4,101.3	5.0	12,394	2	15.0	3.0	730	88.5	50	6.1	15	1.8	11	1.3	7	0.8	7	0.8	5	0.6
Other accidents, injuries, etc. ...	3,121	15,220.4	4.9	38,217	5	12.2	2.5	2,723	87.2	201	6.4	62	2.0	43	1.4	36	1.2	29	0.9	27	0.9
All other conditions ...	2,088	9,810.3	4.7	27,092	35	13.0	2.8	1,713	82.0	210	10.1	33	1.6	52	2.5	12	0.6	60	2.9	8	0.4
TOTAL—Administrative County	41,698	509,143.6	12.2	1,104,205	4,727	26.6	2.2	26,062	62.5	6,717	16.1	5,045	12.1	1,473	3.5	1,268	3.0	978	2.3	155	0.4

Note : Percentages are of the total cases of the particular disease or ailment.



TABLE 15—DISTRICT NURSING  
ANALYSIS OF COMPLETED CASES IN EACH HEALTH DIVISION BY SEX, DURATION OF TREATMENT, FREQUENCY OF VISITS AND  
DISPOSAL OF CASES—YEAR ENDED 31ST DECEMBER, 1968

Health Division No.	TOTAL CASES			DURATION OF TREATMENT						DISPOSAL OF CASES																	
	Both sexes	Male		Female		Length of treat- ment (weeks)	Average dura- tion of treat- ment (weeks)	Total visits		Average No. of visits (day and night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other			
		No.	Per cent.	No.	Per cent.			Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1	721	228	31.6	493	68.4	10,295	14.3	24,261	41	33.7	2.4	372	51.6	137	19.0	109	15.1	74	10.3	10	1.4	19	2.6	—	—		
2	2,117	688	32.5	1,429	67.5	27,911.6	13.2	69,770	124	33.0	2.5	1,167	55.1	391	18.5	303	14.3	151	7.1	48	2.3	52	2.5	5	0.2		
3	3,429	1,280	37.3	2,149	62.7	37,279.6	10.9	75,525	610	22.2	2.0	1,990	58.0	531	15.5	403	11.8	207	6.0	193	5.6	93	2.7	12	0.3		
4	4,014	1,361	33.9	2,653	66.1	53,649.6	13.4	119,900	298	29.9	2.2	2,369	59.0	529	13.2	554	13.8	183	4.6	278	6.9	96	2.4	5	0.1		
5	3,092	1,126	36.4	1,966	63.6	41,745.7	13.5	83,581	267	27.1	2.0	2,065	66.8	513	16.6	368	11.9	82	2.7	35	1.1	27	0.9	2	0.1		
6	2,205	876	39.7	1,329	60.3	27,050	12.3	56,311	106	25.6	2.1	1,320	59.9	381	17.3	286	13.0	60	2.7	129	5.9	23	1.0	6	0.3		
7	2,037	707	34.7	1,330	65.3	28,452.9	14.0	53,257	194	26.2	1.9	1,305	64.1	351	17.2	220	10.8	92	4.5	22	1.1	43	2.1	4	0.2		
8	2,698	1,030	38.2	1,668	61.8	24,724.1	9.2	58,824	416	22.0	2.4	1,980	73.4	331	12.3	289	10.7	37	1.4	34	1.3	24	0.9	3	0.1		
9	5,015	2,163	43.1	2,852	56.9	30,844.6	6.2	79,708	579	16.0	2.6	4,150	82.8	436	8.7	227	4.5	53	1.1	13	0.3	59	1.2	77	1.5		
10	1,293	462	35.7	831	64.3	16,678.3	12.9	39,568	184	30.7	2.4	826	63.9	231	17.9	167	12.9	32	2.5	10	0.8	24	1.9	3	0.2		
11	2,446	918	37.5	1,528	62.5	34,100.7	13.9	70,226	171	28.8	2.1	1,417	57.9	479	19.6	387	15.8	52	2.1	52	2.1	50	2.0	9	0.4		
12	2,443	851	34.8	1,592	65.2	36,490	14.9	72,025	295	29.6	2.0	1,389	56.9	458	18.7	343	14.0	71	2.9	149	6.1	26	1.1	7	0.3		
13	1,273	489	38.4	784	61.6	14,223.0	11.2	35,077	6	27.6	2.5	809	63.6	206	16.2	139	10.9	35	2.7	61	4.8	23	1.8	—	—		
14	1,541	570	37.0	971	63.0	20,358.9	13.2	37,860	411	24.8	1.9	899	58.3	244	15.8	187	12.1	55	3.6	43	2.8	112	7.3	1	0.1		
15	1,691	634	37.5	1,057	62.5	31,911.6	18.9	61,764	331	36.7	1.9	822	48.6	390	23.0	255	15.1	50	3.0	27	1.6	147	8.7	—	—		
16	958	304	31.7	654	68.3	14,166.3	14.8	30,213	55	31.6	2.1	544	56.8	175	18.3	137	14.3	54	5.6	16	1.7	30	3.1	2	0.2		
17	2,063	807	39.1	1,256	60.9	19,327.7	9.4	46,506	443	22.8	2.4	1,178	57.1	393	19.0	282	13.7	75	3.6	72	3.5	56	2.7	7	0.3		
Delegate District—																											
Crosby M.B. ...	635	191	30.1	444	69.9	13,898.3	21.9	26,544	152	42.0	1.9	323	50.9	156	24.6	108	17.0	26	4.1	3	0.5	17	2.7	2	0.3		
Huyton-w.R. U.D.	670	207	30.9	463	69.1	9,222.6	13.8	22,243	—	33.2	2.4	433	64.6	128	19.1	65	9.7	25	3.7	2	0.3	14	2.1	3	0.4		
Middleton M.B. ...	640	206	32.2	434	67.8	6,979.4	10.9	16,357	35	25.6	2.3	421	65.8	108	16.9	76	11.9	24	3.8	4	0.6	7	1.1	—	—		
Stretford M.B. ...	717	251	35.0	466	65.0	9,833.9	13.7	24,685	9	34.4	2.5	283	39.5	149	20.8	140	19.5	35	4.9	67	9.3	36	5.0	7	1.0		
TOTAL— Admin. County ...	41,698	15,349	36.8	26,349	63.2	509,143.6	12.2	1,104,205	4,727	26.6	2.2	26,062	62.5	6,717	16.1	5,045	12.1	1,473	3.5	1,268	3.0	978	2.3	155	0.4		

Note : Percentages are of the total cases in the particular area.

TABLE 16—VACCINATION AGAINST SMALLPOX  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF VACCINATIONS PERFORMED DURING 1968

Health Division No.	Vaccinations (by age, in years, at date of vaccination)				Re-vaccinations (by age, in years, at date of re-vaccination)			By G.P.'s. in private practice (included in previous cols.)	
	0-	1-	2-	5-	0-	5-	Total under 16	Vaccina- tions	Re-vaccina- tions
	Total under 16	Total under 16	Total under 16	Total under 16	Total under 16	Total under 16	Total under 16	Total under 16	Total under 16
1 ...	61	228	31	38	3	125	358	188	71
2 ...	64	613	148	52	1	142	877	289	33
3 ...	75	690	248	126	7	111	1,139	334	23
4 ...	130	1,258	904	225	34	195	2,517	922	76
5 ...	52	449	332	107	4	17	1,030	505	4
6 ...	13	387	200	71	25	69	671	169	16
7 ...	116	936	365	169	14	227	1,586	736	205
8 ...	15	733	256	62	1	12	1,066	167	10
9 ...	61	1,100	348	79	11	68	1,678	455	52
10 ...	50	550	217	31	14	31	848	499	41
11 ...	10	855	436	55	6	45	1,356	241	34
12 ...	38	488	332	49	19	75	907	202	76
13 ...	18	348	137	43	10	38	546	89	31
14 ...	78	281	363	87	4	74	809	289	71
15 ...	12	426	454	69	7	67	961	262	28
16 ...	25	382	189	36	5	57	632	176	20
17 ...	20	209	460	112	12	62	801	155	30
Delegate District—									
Crosby M.B. ...	22	322	97	15	4	14	456	175	6
Huyton-with-Roby U.D. ...	18	239	93	31	1	9	381	103	10
Middleton M.B. ...	83	123	130	46	10	21	382	159	31
Stretford M.B. ...	90	233	115	29	7	45	467	278	11
TOTAL— Administrative County...	1,051	10,940	5,855	1,622	199	1,504	19,468	6,393	879



TABLE 17—VACCINATION AGAINST POLIOMYELITIS  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF VACCINATIONS PERFORMED DURING 1968

Health Division No.	Primary vaccinations completed										Reinforcement doses				By G.P.'s, in private practice (included in previous cols.)				
	(a)	Under 1	1-1967	2-1966	3-1965	Total—under 4	4-1961-64	8-1953-60	Total—under 16	Under 4	4-1961-64	8-1953-60	Total—under 16	Primary	Reinforcement				
	(b)	1968	1967	1966	1965	1963-68	1961-64	1953-60	1953-68	1965-68	1961-64	1953-60	1953-68						
1	...	195	301	36	6	538	23	11	572	99	578	112	789	327	244				
2	...	340	968	112	31	1,451	75	11	1,537	76	1,123	54	1,253	232	235				
3	...	443	1,057	120	59	1,689	118	62	1,869	88	1,137	316	1,541	343	218				
4	...	471	2,231	321	77	3,100	238	69	3,407	242	2,260	286	2,788	1,001	735				
5	...	348	1,317	177	48	1,890	73	19	1,982	116	1,769	209	2,094	421	199				
6	...	293	961	76	29	1,359	48	8	1,415	101	569	31	701	264	213				
7	...	637	1,577	211	64	2,489	142	144	2,775	355	1,937	520	2,812	1,228	703				
8	...	584	1,491	98	54	2,227	110	18	2,355	93	1,616	93	1,802	317	325				
9	...	813	1,709	249	128	2,899	663	257	3,819	375	3,267	3,765	7,407	744	493				
10	...	348	1,107	123	35	1,613	79	42	1,734	539	1,238	54	1,831	780	467				
11	...	662	1,847	238	69	2,816	254	61	3,131	664	2,151	319	3,134	580	457				
12	...	352	1,299	259	78	1,988	130	18	2,136	6	1,296	56	1,358	445	36				
13	...	170	772	112	33	1,087	77	9	1,173	26	826	26	878	155	50				
14	...	230	1,004	139	38	1,411	49	18	1,478	141	956	90	1,187	432	240				
15	...	417	1,140	99	36	1,692	128	48	1,868	174	1,203	343	1,720	389	413				
16	...	199	707	75	35	1,016	86	19	1,121	122	484	15	621	202	114				
17	...	279	1,099	189	55	1,622	145	34	1,801	54	1,107	177	1,338	197	122				
Delegate District—																			
Crosby M.B.	...	193	477	90	38	798	84	20	902	215	484	161	860	240	265				
Huyton-w-Roby U.D.	...	152	285	47	26	510	82	17	609	24	481	111	616	16	2				
Middleton M.B.	...	126	398	68	29	621	46	5	672	70	395	26	491	206	111				
Stretford M.B.	...	202	424	76	25	727	74	5	806	68	519	18	605	240	135				
TOTAL—Administrative County ...																			
														3,648	25,396	6,782	35,826	8,759	5,777

(a) Age in years, at end of 1968 (b) Year of birth.

**TABLE 18—IMMUNISATION AGAINST DIPHTHERIA**  
**SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF IMMUNISATIONS PERFORMED DURING 1968**

Health Division No.	No. who completed a full course of primary immunisation										No. who were given a reinforcement injection				By G.P.'s in private practice (included in previous cols.)	
	Under 1	1—	2—	3—	Total— under 4	4—	8—	Total— under 16	Under 4	4—	8—	Total— under 16				
	(a) 1968	1967	1966	1965	1965— —68	1961— —64	1953— —60	1953— —68	1965— —68	1961— —64	1953— —60	1953— —68	Primary	Reinforce- ment		
1	216	282	20	5	523	19	3	545	396	593	120	1,109	350	346		
2	407	691	54	18	1,170	47	66	1,283	962	1,293	864	3,119	425	463		
3	632	888	84	30	1,634	95	48	1,777	1,173	1,323	655	3,151	543	407		
4	1,120	1,958	202	62	3,342	267	99	3,708	1,561	3,077	1,619	6,257	1,184	912		
5	747	1,057	93	41	1,938	103	50	2,091	196	2,063	475	2,734	714	355		
6	561	708	61	19	1,349	36	9	1,394	484	528	46	1,058	281	271		
7	814	1,284	127	42	2,267	82	85	2,434	1,076	2,005	286	3,367	1,202	848		
8	1,066	1,191	75	35	2,367	131	51	2,549	1,261	1,768	1,097	4,126	345	463		
9	1,032	1,604	187	89	2,912	593	322	3,827	520	2,467	1,232	4,219	853	409		
10	405	989	84	22	1,500	86	115	1,701	981	1,252	472	2,705	907	657		
11	1,116	1,571	103	53	2,843	152	47	3,042	1,891	2,170	435	4,496	732	664		
12	738	1,087	149	47	2,021	228	55	2,304	1,308	1,669	822	3,799	576	76		
13	342	623	62	22	1,049	103	24	1,176	755	934	575	2,264	168	70		
14	638	754	64	34	1,490	59	17	1,566	727	1,114	340	2,181	459	273		
15	678	924	50	22	1,674	57	9	1,740	1,427	1,343	472	3,242	435	541		
16	448	586	43	22	1,099	91	15	1,205	847	959	565	2,371	256	269		
17	475	931	110	39	1,555	161	55	1,771	1,107	1,411	258	2,776	287	228		
Delegate District—																
Crosby M.B. ...	215	398	47	22	682	63	19	764	237	474	131	842	296	227		
Huyton-with-Roby U.D. ...	104	280	36	17	437	80	44	561	34	535	90	659	64	41		
Middleton M.B. ...	240	346	38	31	655	63	24	742	256	654	282	1,192	187	159		
Stretford M.B. ...	246	437	66	16	765	74	9	848	276	681	39	996	304	206		
<b>TOTAL— Administrative County</b>	<b>12,240</b>	<b>18,589</b>	<b>1,755</b>	<b>688</b>	<b>33,272</b>	<b>2,590</b>	<b>1,166</b>	<b>37,028</b>	<b>17,475</b>	<b>28,313</b>	<b>10,875</b>	<b>56,663</b>	<b>10,568</b>	<b>7,887</b>		

(a) Age, in years, at end of 1968. (b) Year of birth.



TABLE 19—IMMUNISATION AGAINST WHOOPING COUGH  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF IMMUNISATIONS PERFORMED DURING 1968

Health Division No.	No. who completed a full course of primary immunisation							No. who were given a reinforcement injection				By G.P.'s in private practice (included in previous cols.)	
	(a)	Under 1	1—	2—	3—	Total— under 4	4—	8—	Total— under 16	Under 4	4—	8—	Total— under 16
	(b)	1968	1967	1966	1965	1965—68	1961—64	1953—60	1953—68	1965—68	1961—64	1953—60	1953—68
1	...	216	272	18	5	511	6	—	517	377	82	8	467
2	...	394	646	46	12	1,098	21	5	1,124	654	84	22	760
3	...	585	834	74	25	1,518	26	3	1,547	1,009	122	10	1,141
4	...	1,100	1,883	168	51	3,202	97	23	3,322	499	410	54	963
5	...	724	1,008	88	31	1,851	42	10	1,903	176	85	7	268
6	...	555	695	48	10	1,308	18	1	1,327	124	59	2	185
7	...	806	1,260	119	36	2,221	35	59	2,315	948	354	20	1,322
8	...	1,058	1,176	72	27	2,333	42	4	2,379	969	144	62	1,175
9	...	979	1,486	147	58	2,670	94	7	2,771	418	195	20	633
10	...	405	985	83	19	1,492	39	5	1,536	952	315	37	1,304
11	...	1,043	1,499	86	36	2,664	50	2	2,716	1,646	272	20	1,938
12	...	734	1,052	125	31	1,942	107	7	2,056	1,064	141	13	1,218
13	...	316	570	54	18	958	24	4	986	687	20	2	709
14	...	625	727	60	31	1,443	19	2	1,464	682	75	10	767
15	...	652	870	39	16	1,577	16	1	1,594	1,305	180	23	1,508
16	...	372	453	21	5	851	8	1	860	479	81	9	569
17	...	452	878	97	25	1,452	39	10	1,501	733	132	16	881
Delegate District—													
Crosby M.B.	...	212	387	46	22	667	53	10	730	213	95	21	329
Huyton-with-Roby U.D.	...	104	279	31	16	430	19	1	450	20	12	—	32
Middleton M.B.	...	213	336	36	31	616	39	1	656	224	153	17	394
Stretford M.B.	...	235	424	60	14	733	44	7	784	152	46	4	202
TOTAL— Administrative County ...		11,780	17,720	1,518	519	31,537	838	163	32,538	13,331	3,057	377	16,765
													9,853
													5,100

(a) Age, in years, at end of 1968. (b) Year of birth.

TABLE 20—IMMUNISATION AGAINST MEASLES  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF IMMUNISATIONS PERFORMED DURING 1968

Health Division No.	No. who completed a full course of primary immunisation										By G.P.'s, in private practice (included in previous cols.)	
	(a)	Under 1	1—	2—	3—	Total— under 4	4—	8—	Total— under 16	Primary	1953	—68
	(b)	1968	1967	1966	1965	1965	1965	1965	1965			
1	...	6	245	291	226	768	559	84	1,411	555	1,411	555
2	...	17	276	347	256	896	876	33	1,805	300	1,805	300
3	...	22	235	308	251	816	885	30	1,731	130	1,731	130
4	...	85	334	458	365	1,242	1,715	97	3,054	929	3,054	929
5	...	4	81	127	94	306	264	9	579	437	579	437
6	...	7	206	464	340	1,017	1,229	7	2,253	165	2,253	165
7	...	7	293	350	359	1,009	935	44	1,988	826	1,988	826
8	...	3	385	363	255	1,006	721	17	1,744	257	1,744	257
9	...	10	387	423	336	1,156	1,406	43	2,605	229	2,605	229
10	...	13	133	180	170	496	687	141	1,324	280	1,324	280
11	...	6	378	316	243	943	1,063	14	2,020	337	2,020	337
12	...	10	155	203	156	524	503	11	1,038	298	1,038	298
13	...	1	167	205	191	564	517	11	1,092	48	1,092	48
14	...	4	112	164	111	391	418	3	812	100	812	100
15	...	2	229	218	205	654	819	26	1,499	460	1,499	460
16	...	2	257	291	229	779	667	18	1,464	120	1,464	120
17	...	9	238	271	211	729	757	24	1,510	176	1,510	176
Delegate District— Crosby M.B. ...	...	4	187	182	164	537	552	35	1,124	300	1,124	300
Huyton-with-Roby U.D. ...	...	2	103	70	56	231	342	8	581	83	581	83
Middleton M.B. ...	...	8	51	57	60	176	335	6	517	47	517	47
Stretford M.B. ...	...	4	85	107	74	270	483	6	759	97	759	97
TOTAL— Administrative County ...	...	226	4,537	5,305	4,352	14,510	15,733	667	30,910	6,174	30,910	6,174

(a) Age, in years, at end of 1968. (b) Year of birth.





TABLE 22—CHIROPODY SERVICE—(a) PROVIDED DIRECTLY BY THE COUNTY COUNCIL

Health Division No.	No. of clinics operating at end of year	Total No. of clinic sessions held	ANALYSIS OF TREATMENTS GIVEN—						ANALYSIS OF PATIENTS TREATED—								
			By place of treatment			By class of patient			By place of treatment			By class of patient					
			Clinic	Surgery	Patient's Home	Home for Aged	Aged persons	Handicapped persons	Expectant mothers	Total	Clinic	Surgery	Patient's Home	Home for Aged	Aged persons	Handicapped persons	Expectant mothers
1	...	288	1,656	750	1,454	398	4,156	101	1	340	139	314	76	849	19	1	869
2	...	1,270	7,630	—	3,630	1,388	12,479	161	8	2,233	—	933	365	3,494	34	3	3,531
3	...	2,572	15,924	119	3,257	1,109	20,047	361	1	2,612	119	681	215	3,556	70	1	3,627
4	...	931	5,893	2,685	6,741	628	15,816	131	—	1,364	648	1,353	157	3,511	11	—	3,522
5	...	1,950	13,560	422	7,922	1,304	23,042	166	—	2,457	70	1,488	418	4,414	19	—	4,433
6	...	1,332	9,590	—	4,265	941	14,661	135	—	1,937	—	895	191	2,993	30	—	3,023
7	...	459	4,477	—	2,504	122	6,945	156	2	1,300	—	542	76	1,884	32	2	1,918
8	...	1,099	7,726	—	4,944	210	12,644	223	13	1,654	—	1,226	54	2,861	67	6	2,934
9	...	1,144	6,525	120	4,404	365	11,279	133	2	1,517	35	1,027	171	2,710	39	1	2,750
10	...	548	4,700	749	3,077	346	8,794	76	2	1,098	100	711	125	2,000	32	2	2,034
11	...	1,789	10,985	—	2,596	1,136	14,447	270	—	2,347	—	619	298	3,179	85	—	3,264
12	...	783	5,305	—	2,779	818	8,902	—	—	941	—	680	210	1,831	—	—	1,831
13	...	987	6,898	—	3,879	392	10,938	223	8	1,618	—	856	104	2,518	56	4	2,578
14	...	612	4,066	—	3,133	844	7,880	163	—	1,027	—	750	139	1,881	35	—	1,916
15	...	925	5,805	60	6,068	752	12,534	141	10	1,305	11	1,183	99	2,560	30	8	2,598
16	...	312	2,285	—	460	347	3,058	24	10	630	—	113	96	819	13	7	839
17	...	889	6,736	—	2,797	837	9,992	373	—	1,526	—	942	273	2,635	106	—	2,741
Delegate District— Crosby M.B.	3	369	2,873	—	94	—	2,957	7	3	768	—	38	—	799	4	3	806
Huyton-w-R. U.D.	2	470	2,928	—	1,500	—	4,331	96	1	657	—	309	—	936	29	1	966
Middleton M.B.	1	145	1,166	319	1,216	—	2,664	37	—	364	62	328	—	747	7	—	754
Stretford M.B.	4	580	3,583	—	441	252	4,236	40	—	862	—	114	86	1,049	13	—	1,062
TOTAL—Admn. County ...	189	19,454	130,311	5,224	67,161	12,189	211,802	3,022	61	28,557	1,184	15,102	3,153	47,226	731	39	47,996



TABLE 23—CHIROPODY SERVICE—(b) PROVIDED BY VOLUNTARY ASSOCIATIONS

Health Division No.	No. of Clinics operating at end of year	Total No. of Clinic sessions held	ANALYSIS OF TREATMENTS GIVEN—							ANALYSIS OF PATIENTS TREATED								
			By place of treatment			By class of patient				Total	By place of treatment			By class of patient				
			Clinic	Surgery	Patient's Home	Home for Aged	Aged persons	Handicapped persons	Expectant mothers		Clinic	Surgery	Patient's Home	Home for Aged	Aged persons	Handicapped persons	Expectant mothers	
1	6	290	1,924	797	915	34	3,628	42	—	3,670	374	152	190	6	712	10	—	722
2	7	224	1,815	—	—	—	1,812	3	—	1,815	439	—	—	—	437	2	—	439
3	2	141	841	—	135	—	976	—	—	976	81	—	15	—	96	—	—	96
4	6	230	1,683	7,106	2,648	—	11,418	19	—	11,437	461	1,414	575	—	2,441	9	—	2,450
5	—	—	—	—	1,262	—	1,220	42	—	1,262	—	—	325	—	320	5	—	325
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	1	49	300	262	608	—	1,219	11	—	1,230	62	44	290	—	387	9	—	396
9	3	181	1,129	—	646	—	1,760	14	1	1,775	247	—	139	—	382	3	1	386
10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	3	267	2,115	4,575	2,054	—	8,633	111	—	8,744	487	944	484	—	1,888	27	—	1,915
12	5	634	5,111	4,860	1,669	—	11,640	—	—	11,640	1,174	852	481	—	2,507	—	—	2,507
13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	—	—	—	1,929	495	—	2,343	81	—	2,424	—	375	99	—	448	26	—	474
15	8	376	2,857	—	—	—	2,857	—	—	2,857	618	—	—	—	618	—	—	618
16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	1	198	1,433	—	903	—	2,375	21	—	2,396	324	—	281	—	597	8	—	605
Delegate District—Crosby M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Huyton-w-R. U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Middleton M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stretford M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL—Admin. County ...	42	2,590	19,208	19,529	11,455	34	49,881	344	1	50,226	4,267	3,781	2,879	6	10,833	99	1	10,933

TABLE 24—HOME HELP SERVICE

## SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF CASES ATTENDED DURING 1968

Note : The percentages given are of the total numbers of cases in the respective areas.

Home helps employed at 31st December, 1968		Total No. of cases attended	CATEGORY OF CASE												Chronic sick and aged and infirm (65 years and over)				Illness and others			Total cases attended per 1,000 population (mid-1968)
			Problem families		Confinement		Tuberculosis			Mentally disordered (under 65 years)		Chronic sick (under 65 years)										
Actual No.	Whole-time equivalent	No. of cases	Per cent.	No. of cases	Per cent.	At home	Away from home	Under 65 years	65 years and over	Total	Per cent.	No. of cases	Per cent.	No. of cases	Per cent.	Under 65 years	65 years and over	Total	Per cent.			
1 ...	96	46	483	—	—	1	0.2	6	1.2	—	—	—	—	4	0.8	33	6.8	432	89.4	7	1.4	11.8
2 ...	326	149	1,401	—	—	8	0.6	19	1.4	3	3	6	0.4	8	0.6	8	0.6	1,272	90.8	80	5.7	11.6
3 ...	158	85	1,738	—	—	27	1.6	24	1.4	2	1	3	0.2	5	0.3	64	3.7	1,409	81.1	206	11.9	12.4
4 ...	336	207	2,099	1	0.0	53	2.5	5	0.2	—	—	—	—	9	0.4	73	3.5	1,832	87.3	111	6.0	9.9
5 ...	343	186	2,125	—	—	7	0.3	6	0.3	2	2	4	0.2	3	0.1	129	6.1	1,886	88.8	59	4.2	14.4
6 ...	210	105	1,544	—	—	16	1.0	—	—	2	1	3	0.2	3	0.2	97	6.3	1,390	90.0	32	2.3	17.1
7 ...	129	76	1,006	2	0.2	22	2.2	56	5.6	3	1	4	0.4	15	1.5	92	9.1	706	70.2	19	10.8	6.3
8 ...	269	155	1,773	2	0.1	30	1.7	8	0.5	5	3	8	0.5	8	0.5	240	13.5	1,468	82.8	9	0.5	14.3
9 ...	219	133	1,591	1	0.1	19	1.2	12	0.8	10	6	16	1.0	—	—	20	1.3	1,348	84.7	175	11.0	7.4
10 ...	229	126	1,211	5	0.4	12	1.0	7	0.6	2	3	5	0.4	6	0.5	86	7.1	1,030	85.1	60	5.0	11.3
11 ...	432	201	2,366	3	0.1	10	0.4	9	0.4	1	1	2	0.1	8	0.3	230	9.7	2,080	87.9	24	1.0	12.5
12 ...	181	96	1,670	1	0.1	33	2.0	17	1.0	3	1	4	0.2	—	—	171	10.2	1,373	82.2	71	4.3	12.0
13 ...	139	72	1,009	—	—	6	0.6	3	0.3	2	4	6	0.6	2	0.2	103	10.2	869	86.1	20	2.0	12.6
14 ...	232	116	1,351	—	—	17	1.3	3	0.2	—	—	—	—	2	0.1	42	3.1	1,203	89.0	82	6.2	14.7
15 ...	232	114	1,327	—	—	11	0.8	9	0.7	1	1	2	0.2	1	0.1	45	3.4	1,207	91.0	52	3.9	10.2
16 ...	126	50	444	—	—	1	0.2	3	0.7	—	—	—	—	2	0.5	28	6.3	397	89.4	10	2.9	7.1
17 ...	402	191	2,280	3	0.1	13	0.6	6	0.3	5	5	10	0.4	7	0.3	262	11.5	1,928	84.6	43	2.2	17.1
Delegate District—																						
Crosby M.B. ...	53	32	592	1	0.2	7	1.2	15	2.5	—	1	1	0.2	2	0.3	49	8.3	465	78.5	40	8.8	10.0
Huyton-w-Roby U.D. ...	125	77	695	1	0.1	3	0.4	4	0.6	1	9	10	1.4	—	—	17	2.4	565	81.3	91	13.7	10.0
Middleton M.B. ...	116	64	707	1	0.1	3	0.4	9	1.3	—	—	—	—	—	—	41	5.9	607	85.9	45	6.5	12.2
Stretford M.B. ...	169	76	696	—	—	3	0.4	5	0.7	—	—	—	—	5	0.7	9	1.3	612	87.9	57	8.9	11.7
TOTAL—	4,522	2,355	28,108	21	0.1	302	1.1	226	0.8	42	2	84	0.3	90	0.3	1,839	6.5	24,079	85.7	1,364	5.2	11.6
Admn. County ...																						



TABLE 25—HOME HELP SERVICE

ADMINISTRATIVE COUNTY—ANALYSIS OF CASES ATTENDED IN WEEK ENDED 30TH NOVEMBER, 1968

Category	No. of cases in which home help was provided—															
	On days during week							For total hours during week								
	1	2	3	4	5	6	7	Under 6	6–	10–	14–	18–				
	Male	Female	No. of hours of service	No. of case days												
SPECIAL CASES—																
Problem families	—	6	78	19	—	4	—	1	1	—	—	—	4	—	—	2
CONFINEMENTS—																
At home	—	15	159	45	6	1	1	6	—	—	—	—	6	2	3	2
Away from home	—	5	41	17	1	1	—	2	—	—	—	—	1	3	—	—
TUBERCULOSIS—																
Aged 65 years and over	9	13	114	45	7	11	2	—	2	—	—	—	14	7	1	—
Aged under 65 years	4	16	110	45	7	8	2	—	2	1	—	—	10	9	—	—
MENTALLY DISORDERED—																
Aged under 65 years	8	40	246	96	22	15	5	1	5	—	—	—	31	12	3	1
CHRONIC SICK—																
Aged under 65 years	103	841	5,166	2,007	384	333	100	10	93	16	8	—	559	300	54	17
CHRONIC SICK, AGED AND INFIRM—																
Aged 65 years and over	2,547	14,549	85,493	33,915	7,709	6,106	1,339	244	1,333	219	146	—	10,728	5,281	769	117
ILLNESS AND OTHERS—																
Aged 65 years and over	5	25	126	56	15	9	3	1	2	—	—	—	24	5	1	—
Aged under 65 years	40	487	2,655	989	255	187	35	5	38	4	3	—	348	143	24	7
ALL CATEGORIES—																
Week ended 30th November, 1968	2,716	15,997	94,188	37,234	8,406	6,675	1,487	263	1,484	241	157	—	11,721	5,764	858	146
Week ended 2nd December, 1967	2,629	15,239	94,794	36,683	7,416	6,702	1,583	282	1,450	309	126	—	10,378	6,146	906	185

**TABLE 26—MENTAL HEALTH SERVICE**  
**ATTENDANCES AT COUNTY COUNCIL TRAINING CENTRES AND SPECIAL CARE UNITS DURING 1968**

Health Division No.	Location of centre	Attendances during 1968			Position at 31st December, 1968		Remarks
		Total day places nominally available	Total attendances	Proportion (per cent.) of attendances to nominal places available	No. of places nominally available	No. on register	
	<i>Junior and Mixed Centres—</i>						
1	Ulverston ... ..	4,722	6,246	132.3	30	35	
2	Lancaster ... ..	11,760	12,274	104.4	60	75	
3	Kirkham ... ..	11,400	7,976	70.0	60	50	
4	Chorley ... ..	10,388	6,719	64.7	53	33	
	Bamber Bridge ... ..	3,000	941	31.4	60	25	Opened 7th October, 1968
5	Oswaldtwistle ... ..	12,000	10,702	89.2	60	63	
6	Nelson ... ..	7,550	4,754	63.0	50	37	
7	Burscough ... ..	10,740	8,577	79.9	60	62	
	Crosby ... ..	14,850	13,155	88.6	75	91	
8	Hindley ... ..	11,580	6,774	58.5	60	51	
9	Huyton ... ..	20,488	14,139	69.0	104	86	
	Kirkby ... ..	11,820	8,979	76.0	60	58	
	Widnes ... ..	9,750	9,265	95.0	50	59	
10	Newton-le-Willows ... ..	9,600	13,375	139.3	50	76	
11	Atherton ... ..	12,400	8,898	71.8	62	58	
	Farnworth ... ..	7,200	6,068	84.3	36	37	
12	Prestwich ... ..	9,850	4,626	47.0	50	29	
	Rawtenstall ... ..	8,850	5,556	62.8	50	40	
13	Heywood ... ..	11,520	5,331	46.3	60	36	
14	Chadderton ... ..	16,019	9,436	58.9	83	68	
15	Swinton ... ..	7,640	6,939	90.8	40	42	Closed 31st December, 1968
16	Stretford ... ..	12,840	9,168	71.4	60	48	
17	Ashton-under-Lyne ... ..	11,700	9,151	78.2	60	53	
	<b>TOTAL ... ..</b>	247,667	189,049	76.3	1,333	1,212	
	<i>Adult Centres—</i>						
1	Ulverston ... ..	1,200	424	35.3	60	27	Opened 25th November, 1968
2	Lancaster ... ..	10,170	10,912	107.3	45	55	
3	Fleetwood ... ..	13,110	15,845	120.9	57	77	
4	Chorley ... ..	10,395	14,369	138.2	45	66	
	Bamber Bridge ... ..	10,395	15,172	146.0	45	71	
5	Accrington ... ..	13,452	12,211	90.8	57	55	
6	Padiham ... ..	120	26	21.7	60	13	Opened 30th December, 1968
	Colne ... ..	8,415	11,233	133.5	45	61	
8	Hindley ... ..	10,350	15,404	148.8	45	78	
9	Huyton ... ..	14,440	21,624	149.8	60	109	
	Kirkby ... ..	10,125	6,322	62.4	45	35	
	Widnes ... ..	10,125	13,925	137.5	45	69	
10	Haydock ... ..	10,215	15,657	153.3	45	84	
11	Atherton ... ..	10,350	15,280	147.6	45	75	
	Farnworth ... ..	10,440	7,917	75.8	45	40	
12	Haslingden ... ..	8,955	12,169	135.9	45	69	
	Whitefield ... ..	10,440	13,741	131.6	45	69	
13	Wardle ... ..	10,305	11,361	110.2	45	54	
14	Chadderton—Oak Bank ... ..	10,215	13,483	132.0	45	67	
	Chadderton—Mills Hill ... ..	10,080	8,494	84.3	45	44	
15	Eccles ... ..	10,080	11,319	112.3	45	62	
	Worsley ... ..	10,125	11,664	115.2	45	55	
16	Urmston ... ..	10,350	11,348	109.6	45	61	
17	Denton ... ..	10,170	10,997	108.1	45	55	
	Droylsden ... ..	9,000	8,606	95.6	40	42	
	<b>TOTAL ... ..</b>	243,022	289,503	119.1	1,189	1,493	
	<i>Special Care Unit—</i>						
15	Eccles ... ..	4,500	4,793	106.5	20	29	Closed 31st December, 1968
	<b>TOTAL—ALL CENTRES ... ..</b>	495,189	483,345	97.6	2,542	2,734	



TABLE 27—MENTAL HEALTH SERVICE  
ANALYSIS OF PERSONS UNDER THE CARE OF THE COUNTY COUNCIL AT 31ST DECEMBER, 1968

	Mentally ill						Elderly mentally infirm				Psychopath				Subnormal				Severely subnormal				Totals				Grand Total		
	Under 16 years			16 yrs. and over			M		F		Under 16 yrs.		16 yrs. & over		M		F		Under 16 yrs.		16 yrs. and over		M		F				
	M	F		M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
(a) Total numbers of persons under care at 31st December, 1968 ... ..	5	1	2,055	3,371		82	236	—	—	—	3	312	226	806	749	547	406	628	572	864	633	3,571	4,931					9,999	
(b) Attending training centres ... ..	—	—	70	45		—	—	—	—	—	2	250	186	359	348	439	316	374	370	689	502	803	765					2,759	
(c) On waiting list for training centres ... ..	—	—	6	5		—	—	—	—	—	—	35	27	48	70	46	28	67	80	81	55	121	155					412	
(d) Resident in County Council hostels ... ..	—	—	36	76		—	—	—	—	—	1	18	12	150	115	32	17	38	47	50	29	224	239					542	
(e) On waiting list for residence in County Council hostels ... ..	—	—	3	1		—	—	—	—	—	—	6	—	41	5	4	8	6	6	10	8	50	12					80	
(f) Resident at County Council expense in other residential homes or hostels ... ..	—	—	6	5		—	1	—	—	—	—	7	9	35	8	5	2	11	1	12	11	52	15					90	
(g) Attending day hospitals ... ..	—	—	67	107		14	26	—	—	—	—	—	—	—	—	2	—	2	—	2	—	83	133					218	
(h) Other persons than those in (b) to (g) who are receiving home visits ... ..	5	1	1,917	3,141		68	209	—	—	—	—	5	12	245	220	20	36	131	69	30	49	2,361	3,639					6,079	
2. Persons on waiting list for hospital care—																													
(a) Urgent cases ... ..	—	—	—	—		1	2	—	—	—	—	6	1	1	1	15	7	7	7	21	8	9	10					48	
(b) Non-urgent cases ... ..	—	—	—	1		2	—	—	—	—	—	1	—	2	1	21	13	13	7	22	13	17	9					61	
3. Persons admitted for temporary residential care—																													
(a) To National Health Service hospitals ... ..	—	—	2	2		4	3	—	—	—	—	19	12	11	13	98	55	32	45	117	67	49	63					296	
(b) To County Council residential accommodation ... ..	—	—	9	17		3	17	—	—	—	—	29	16	14	9	17	12	9	9	46	28	35	52					161	
(c) Elsewhere ... ..	—	—	—	2		—	—	—	—	—	—	11	12	2	5	55	43	5	16	66	55	7	23					151	
4. Sources of information in respect of cases referred to the County Council during 1968—																													
(a) General practitioners ... ..	6	—	581	857		92	217	—	—	—	—	2	—	4	2	3	—	3	—	11	—	680	1,076					1,767	
(b) Hospitals, on discharge ... ..	1	—	691	1,296		58	143	—	—	—	1	2	—	13	15	2	1	4	3	5	1	766	1,458					2,230	
(c) Hospitals, out-patients ... ..	—	1	206	386		28	51	—	—	—	—	5	1	6	1	3	8	—	—	8	10	240	438					696	
(d) Local education authorities ... ..	—	—	1	—		—	—	—	—	—	—	24	21	8	10	25	22	1	2	49	43	10	12					114	
(e) Police and courts ... ..	—	—	71	48		7	7	—	—	—	—	—	—	7	1	—	—	—	—	—	—	85	56					141	
(f) Other sources ... ..	—	3	364	512		49	130	—	—	—	—	71	50	72	72	67	40	46	44	138	93	531	758					1,520	

\* Excludes County cases attending other authorities' or other bodies' centres.

† Excludes persons in hospitals who are considered suitable for transfer to County Council hostels.

TABLE 28—MEDICAL EXAMINATIONS  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF MEDICAL EXAMINATIONS CARRIED OUT BY COUNTY COUNCIL MEDICAL STAFFS DURING 1968

Health Division No.	Medical examinations undertaken in respect of—										Total medical examinations	
	Fitness for job— County Council employees			Fitness to enter other local authorities' superannuation schemes	Fitness to enter other local authorities' sickness pay schemes	Fitness to resume work—County Council employees	Children in care of Children's Committee	Entry to teachers' training colleges	Entrants to teaching profession (form 28 R.Q.)	Others		
	No. of forms M.E.5 scrutinised	• Medical examinations carried out as a result of scrutiny of forms M.E.5	Posts requiring compulsory examination									
1	...	197	4	31	5	—	7	56	49	3	—	155
2	...	468	42 (8)	64	26	—	5	95	167	9	—	416
3	...	590	71 (3)	77	7	—	—	140	184	6	16	504
4	...	957	104	102	27	—	15	268	357	8	—	881
5	...	874	113 (3)	83	6	—	15	192	281	22	†215	930
6	...	361	27 (14)	71	6	—	8	215	126	25	—	492
7	...	849	90 (26)	24	6	—	3	129	225	17	—	520
8	...	343	23	48	1	—	1	93	143	7	—	316
9	...	848	93 (26)	25	10	—	11	—	284	191	—	640
10	...	570	56	45	1	—	4	111	129	4	—	350
11	...	736	27 (6)	58	22	—	1	198	231	40	‡758	1,341
12	...	578	22	63	112	—	23	111	174	15	—	520
13	...	111	9 (2)	42	5	—	4	65	93	16	—	236
14	...	362	3	46	3	—	3	36	101	13	—	205
15	...	592	9	55	2	—	—	145	137	27	—	375
16	...	156	22	55	5	—	—	23	66	9	—	180
17	...	191	43	88	5	—	5	43	135	36	—	355
Delegate District—												
Crosby M.B.	...	146	10	12	1	—	—	9	122	5	—	159
Huyton-with-Roby U.D.	...	187	27	22	2	—	4	47	74	21	—	197
Middleton M.B....	...	253	2	19	2	—	—	45	65	23	—	156
Stretford M.B.	...	276	28	23	2	—	—	41	70	29	—	193
TOTAL—Administrative County	...	\$10,877	825 (88)	**1,204	256	—	109	2,062	3,213	526	989	**9,272

\* In addition, examinations were carried out of employees referred by C.M.O.H. (Central Office). These are shown in brackets.  
† Includes 174 in respect of day nurseries. ‡ Boothstown Remand Home. § Includes 1,232 scrutinised by C.M.O.H. (Central Office).  
\*\* Includes 151 arranged by C.M.O.H. (Central Office).



TABLE 29—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1968—

(1) In Homes— (a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

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Health Div. No.	Home	Accommo- dation capacity at 31st Dec., 1968	Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
			No. at 31st Dec., 1967		Admissions		Discharges		Deaths		No. at 31st Dec., 1968		Admissions		Discharges		Deaths		No. at 31st Dec., 1968			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
1	Marsh House, Ulverston ...	35	14	19	6	9	5	6	1	3	14	19	—	—	—	—	—	—	—	2		
2	Millwood House, Barrow-in-Furness ...	41	17	24	5	5	4	4	1	1	16	24	—	—	—	—	—	—	—	—		
	*The Empress, Morecambe ...	50	16	32	9	18	8	12	3	4	14	34	—	—	—	—	—	—	—	—		
3	Moor Platt, Caton ...	26	3	21	2	11	3	6	—	—	2	25	—	—	—	—	—	—	—	—		
	The Hermitage, Caton ...	40	17	22	8	10	11	5	2	3	12	24	—	—	—	—	—	—	—	1		
	The Laurels, Lancaster ...	29	10	17	8	8	7	7	2	2	10	16	—	—	—	—	—	—	—	—		
	Fair Elms, Lancaster ...	23	7	16	7	9	8	8	—	—	6	16	—	—	—	—	—	—	—	—		
	Dolphinlee House, Lancaster ...	50	13	37	3	27	3	17	1	8	12	39	—	—	—	—	—	—	—	—		
	Beaumont View, Lancaster ...	51	17	34	21	43	17	41	3	3	18	33	—	—	—	—	—	—	—	—		
	Slyne House, Lancaster ...	51	11	39	13	51	11	46	2	6	11	38	—	—	—	—	—	—	—	1		
	Norcross House, Carleton, Thornton Cleveleys ...	24	10	13	1	7	2	4	1	2	8	14	—	—	—	—	—	—	—	—		
	Milbanke, Kirkham ...	50	17	31	11	21	6	12	2	11	20	29	—	—	—	—	—	—	—	—		
	Clifton House, Ballam Road, Lytham ...	51	—	—	17	62	5	13	1	8	11	41	—	—	—	—	—	—	—	—		
4	†The Cumberland, Esplanade, Fleetwood ...	40	9	31	8	11	5	9	2	6	10	27	—	—	—	—	—	—	—	—		
	Crossacres, St. Annes ...	50	11	41	6	17	7	9	1	7	9	42	—	—	—	—	—	—	—	—		
	The Woodlands, St. Andrew's Rd. South, St. Annes ...	24	7	14	1	8	1	5	—	—	7	16	—	—	—	—	—	—	—	1		
	The Beeches, Bonds, Garstang ...	44	15	26	10	15	6	6	4	7	15	28	—	—	—	—	—	—	—	—		
	Withnell Fold, near Chorley ...	40	19	20	7	5	5	1	4	1	17	23	—	—	—	—	—	—	—	—		
	Peterfield House, Penwortham ...	50	11	36	4	8	3	4	—	—	12	38	—	—	—	—	—	—	—	1		
	Broadfield House, Leyland ...	50	14	36	11	16	12	9	3	2	10	41	—	—	—	—	—	—	—	—		
	Coniston House, Chorley ...	35	7	30	5	18	4	15	—	—	8	30	—	—	—	—	—	—	—	—		
	Charnley Fold House, Walton-le-Dale ...	51	17	32	4	11	2	3	3	5	16	35	—	—	—	—	—	—	—	1		
	Fell View, Longridge ...	51	10	41	8	26	3	21	4	6	11	40	—	—	—	—	—	—	—	—		
5	Hill Top, Manchester Road, Accrington ...	16	16	—	4	—	1	—	3	—	16	—	—	—	—	—	—	—	—	—		
	Warren Holt, Wilsphire ...	26	15	11	7	1	7	—	1	1	14	11	—	—	—	—	—	—	—	—		
	Glendene, Knowsley Road, Clayton-le-Dale ...	21	—	21	—	16	—	15	—	—	—	—	—	—	—	—	—	—	—	—		
	Broad Oak, Accrington ...	34	18	24	6	15	12	9	2	6	10	24	—	—	—	—	—	—	—	—		
	Northlands, Great Harwood ...	39	13	25	7	16	3	9	3	7	14	25	—	—	—	—	—	—	—	—		
	Greenways, Darwen ...	50	17	30	14	19	8	9	5	7	18	33	—	—	—	—	—	—	—	—		
	Castleford, Clitheroe... ..	50	11	39	6	16	4	9	2	7	11	39	—	—	—	—	—	—	—	1		
	Woodlands, Clayton-le-Moors ...	51	12	39	2	18	2	11	—	—	12	39	—	—	—	—	—	—	—	—		
	Stanley Villas, Albert Road, Colne ...	14	—	11	—	9	—	5	—	—	—	14	—	—	—	—	—	—	—	—		
	Andrew Smith House, Marsden Hall Road, Nelson ...	50	18	32	7	11	1	6	6	5	19	32	—	—	—	—	—	—	—	—		
6	Marles Hill, Wheatley Lane, Barrowford ...	27	11	14	3	5	1	3	2	1	11	15	—	—	—	—	—	—	—	—		
	Woodside, Padiham ...	50	12	38	10	17	6	14	2	5	14	36	—	—	—	—	—	—	—	—		
	Favordale, Colne ...	51	19	31	7	15	6	4	6	7	14	35	—	—	—	—	—	—	—	—		
	Marbenthe, Marine Terrace, Waterloo ...	21	4	16	4	8	3	7	1	—	4	17	—	—	—	—	—	—	—	—		
	Sefton House, Junction Lane, Burscough... ..	28	9	18	4	12	3	12	1	1	9	17	—	—	—	—	—	—	—	—		
	Thornton Hall, Tanhouse Road, Thornton, Crosby ...	51	—	—	19	70	10	29	—	—	9	40	—	—	—	—	—	—	—	—		
	Eskdale, Birkdale, Southport ...	35	8	23	2	17	—	13	1	4	9	23	—	—	—	—	—	—	—	—		
	Beaconview, Skelmersdale... ..	50	17	30	11	14	9	13	1	1	18	30	—	—	—	—	—	—	—	1		
	Alma Green, Up Holland ...	35	8	24	11	13	9	13	2	3	8	21	—	—	—	—	—	—	—	—		
	Whinbrook House, Maghull ...	50	20	28	13	7	12	4	2	2	19	29	—	—	—	—	—	—	—	—		
7	*Burtholme, Chorley Road, Worthington ...	—	16	—	1	—	16	—	1	—	—	—	—	—	—	—	—	—	—	—		
	Thorley House, Atherton Road, Hindley ...	39	18	21	12	5	3	3	7	6	20	17	—	—	—	—	—	—	—	—		
	Garswood House, Ashton-in-Makerfield ...	51	17	31	11	19	6	10	5	11	17	29	—	—	—	—	—	—	—	—		
	Sherwood House, Platt Bridge, Hindley ...	51	—	—	18	26	2	2	1	1	15	23	—	—	—	—	—	—	—	—		
	High Carrs, Broadgreen Road, Huyton-w-Roby ...	26	6	18	3	10	2	5	2	5	5	18	—	—	—	—	—	—	—	—		
	Huyton Quarry Manor, Manor Farm Road, Huyton-with-Roby ...	50	11	34	6	16	1	2	2	13	14	35	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		

Table 29—continued.

Health Div. No.	Home	Accommodation capacity at 31st Dec., 1968	Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
			No. at 31st Dec., 1967		Admissions		Discharges		Deaths		No. at 31st Dec., 1968		No. at 31st Dec., 1967		Admissions		Discharges		Deaths		No. at 31st Dec., 1968	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
9	Ethel Hanley House, Coronation Drive, Widnes ... Fazakerley House, Park Road, Prescot ... Kirkby House, Kirkby ... Roseheath House, Barncroft Road, Halewood ... Golborne House, Derby Road, Golborne ... Heathside, Penketh ... Heycsroft, Haydock ... Hourigan House, Myrtle Avenue, Leigh ... Winifred Kettle House, Westthoughton ... The Wilfred Geere House, Farnworth ... Park House, Tyldesley ... Hazelhurst, Ramsbottom ... Croich Hey, Hawkshaw ... Redcliffe, Prestwich ... Horncliffe House, Rawtenstall ... Red Bank House, Radcliffe... Ravengarth, Helmshore ... Elmhurst, Whitefield ... Oaklands, Rochdale Road, Milnrow ... Brooklyn, Rochdale Road, Heywood ... Olive House, Bacup ... Birch View, Wardle ... Claremont, 78 Windsor Road, Oldham ... Schofield House, Middleton... The Coppice, 84 Windsor Road, Oldham ... Broadway House, Chadderton ... Laburnum House, Crompton ... Saxonside, Middleton ... Brierfields, Fallsworth ... Gilda Brook, Preston Avenue, Eccles ... The Lines, Moorfield Close, Swinton ... Birchfold, Worsley ... Brynheys, Worsley ... Grangethorpe, 98-100 Talbot Road, Stretford ... The Harry Lord House, Old Trafford ... The Katharine Lowe House, Davyhulme ... Beechfield House, Irlam ... Holme Lea, Astley Road, Stalybridge ... Sunnyside, Sunnyside Road, Droylsden ... Hurst Hall, Ashton-under-Lyne ... Greatwood House, Denton ... Kingsfield, Ashton-under-Lyne ...	50 35 51 51 50 50 51 50 50 35 51 18 27 38 50 50 51 12 21 14 50 50 17 40 22 50 35 35 51 50 35 50 51 25 50 50 51 20 35 51 51	15 7 18 — 20 19 22 18 13 8 12 9 4 6 10 14 16 — 11 5 13 — 8 14 15 11 8 11 19 11 8 12 15 9 21 6 11 7 9 18 22 22	34 26 31 — 24 28 27 30 32 27 36 7 17 9 28 28 34 30 12 9 9 34 16 32 8 35 24 24 33 36 26 34 15 15 29 42 39 12 38 34 15 15 29 42 39 12 27	— 1 7 18 4 9 6 5 9 1 4 6 9 10 10 19 — 3 — 16 4 7 — 11 — 16 — 7 25 11 8 6 10 8 10 8 — 6 7 6 5 7 10 24 30 12 16 4 15 6 7 6 5 7 10 24 30 12 16 4 15 — 6 7 6 5 7 9 31 8 10	8 9 13 39 13 10 11 13 14 10 17 6 13 17 16 15 13 32 — 4 5 22 6 9 6 16 15 13 32 — — 5 22 6 9 25 15 24 24 30 18 12 16 4 15 16 10 13 24 31 26 22	— 3 7 2 4 4 4 5 8 1 4 5 2 3 6 7 8 15 2 — — 12 — 3 — 2 5 3 5 10 20 8 7 9 11 12 6 — 4 3 7 3 5 9 7 3 5 8 10 6 — 4 3 7 3 5 8 10 13 13	1 — 2 — 3 2 4 4 1 — — 1 4 1 — 5 3 5 — 1 — 4 2 — — 2 3 3 2 2 1 1 2 — — 2 2 1 1 3 1 1 — — 2 2 1 1 3 1 1	7 5 2 1 2 6 1 3 4 3 6 2 5 — 8 7 4 5 — 2 2 7 3 3 1 6 3 3 7 9 4 3 7 1 7 7 1 1 5 6 3 2	14 5 16 16 17 22 20 14 13 8 12 9 7 11 10 19 12 15 — 11 5 13 — 14 13 13 8 16 10 7 8 9 10 8 15 9 21 8 9 8 18 19 18	34 27 35 29 31 27 29 32 37 26 37 7 20 16 28 32 35 37 12 4 7 36 17 33 8 34 23 26 33 39 23 40 33 15 15 29 42 13 41 28 33 32 34	— —										

\* A further 20 places are available in this Home for short stay cases.

† A further 10 places are available in this Home for short stay cases.



TABLE 30—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1968 (continued)—

(1) In Homes (continued)—

(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated by agreement

Managing Authority	Home	Cases which were County Council responsibility									
		No. at 31st December, 1967		Admissions		Discharges		Deaths		No. at 31st December, 1968	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Barrow-in-Furness C.B.C.	...	1	1	—	—	—	—	—	—	1	1
	Abbey House, Barrow-in-Furness	—	—	—	1	—	—	—	—	—	—
	Bevan House, Barrow-in-Furness	1	—	—	—	—	—	—	—	—	—
	George Basterfield House, Barrow-in-Furness	—	—	—	—	1	—	—	—	—	—
	Rocklea, Abbey Road, Barrow-in-Furness	—	1	—	—	—	—	—	—	—	—
Bolton C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	The Holmes, Bolton	—	—	—	—	—	—	—	—	—	—
	Lilian Hamer House, Bolton	1	—	—	—	—	—	—	—	—	—
	Watermillock, Bolton	—	—	—	—	—	—	—	—	—	—
	Whitelow House, Morecambe	1	1	—	—	—	1	—	—	—	—
Bradford C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	Belldene Hostel, Allerton, Bradford	—	—	—	—	—	—	—	—	—	—
	The Park, 289 Rooley Lane, Bradford	1	—	—	—	—	—	—	—	—	—
Buckinghamshire C.C.	...	1	—	—	—	—	—	—	—	—	—
	Priestman's House, Frizinghall, Bradford	—	—	—	—	—	—	—	—	—	—
Bury C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	The Coppice, Bletchley	—	—	—	—	—	—	—	—	—	—
	Beech Grove, Bury	—	1	—	—	—	—	—	—	—	—
	Woodbank, Bury	—	1	—	—	—	—	—	—	—	—
	South View, Bury	—	1	—	—	—	—	—	—	—	—
	Killelea House, Bury	—	1	—	—	—	—	—	—	—	—
	Brandlesholme House, Bury	—	2	—	—	—	—	—	—	—	—
	Crawshaw House, Brynmawr	—	1	—	—	—	—	—	—	—	—
Breconshire C.C.	...	—	—	—	—	—	—	—	—	—	—
Cardiganshire C.C.	...	—	—	—	—	—	—	—	—	—	—
	Bodlondob, Penparcau, Aberystwyth	1	—	—	—	—	—	—	—	—	—
Cardiganshire C.C.	...	—	—	—	—	—	—	—	—	—	—
	Roberts Rest, Ferryside, Carmarthen	1	—	—	—	—	—	—	—	—	—
Cardiff C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	Hazelcroft, Fairwater, Cardiff	—	1	—	—	—	—	—	—	—	—
Cheshire C.C.	...	—	—	—	—	—	—	—	—	—	—
	The Rookery, Tatten Hall, Chester	—	1	—	—	—	—	—	—	—	—
	Hill Bark, Frankby	—	1	—	—	—	—	—	—	—	—
	Mossley Hall, Cheadle	—	1	—	—	—	—	—	—	—	—
City of Westminster	...	—	—	—	—	—	—	—	—	—	—
Cumberland C.C.	...	—	—	—	—	—	—	—	—	—	—
	Newington Lodge, Westminster	—	—	—	—	—	—	—	—	—	—
Derby C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	The Croft, Kirksanton	—	1	—	—	—	—	—	—	—	—
Derby C.B.C.	...	1	—	—	—	—	—	—	—	—	—
	Warwick House, Derby	—	—	—	—	—	—	—	—	—	—
Halifax C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	Fairfield, Halifax	—	—	—	—	—	—	—	—	—	—
Hampshire C.C.	...	—	—	—	—	—	—	—	—	—	—
	Morton House, Kingsworthy, Winchester	—	1	—	—	—	—	—	—	—	—
Hertfordshire C.C.	...	—	—	—	—	—	—	—	—	—	—
	Newhaven, Drakes Drive, Stevenage	—	—	—	—	—	—	—	—	—	—
Huddersfield C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	Briercourt, Huddersfield	—	—	—	—	—	—	—	—	—	—
	Stoneleigh, 10 Bryan Road, Egerton, Huddersfield	—	1	—	—	—	—	—	—	—	—
Leeds C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	Hillside, 602 Leeds Road, Leeds	—	—	—	—	—	—	—	—	—	—
Liverpool C.B.C.	...	—	—	—	—	—	—	—	—	—	—
	Altercross House, Liverpool	—	1	—	—	—	—	—	—	—	—
	Cavendish House, Kirkdale, Liverpool	—	1	—	—	—	—	—	—	—	—
	Parkside, Algburth Drive, Liverpool, 17	—	1	—	—	—	—	—	—	—	—





TABLE 31—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1968 (continued)—  
(2) In former Public Assistance Institutions, etc.—(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee—

Health Division No.	Name of establishment	Accom- modation capacity at 31st Dec. 1968	Cases which were County Council responsibility												Cases which were responsibility of other Local Authorities													
			Under S.21(1)(a)						Under S.21(1)(b)						Under S.21(1)(a)						Under S.21(1)(b)							
			No. at 31st Dec. 1967		Admis- sions	Dis- charges	Deaths	No. at 31st Dec. 1968	No. at 31st Dec. 1967		Admis- sions	Dis- charges	Deaths	No. at 31st Dec. 1968	No. at 31st Dec. 1967		Admis- sions	Dis- charges	Deaths	No. at 31st Dec. 1968	No. at 31st Dec. 1967		Admis- sions	Dis- charges	Deaths	No. at 31st Dec. 1968		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
11	Atherleigh Grange, Leigh Road, Leigh ... ..	108	47	69	19	20	9	10	10	26	47	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 32—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1968 (continued)—

(2) In former Public Assistance Institutions, etc. (continued)—

(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated

Managing Authority		Name of Establishment		Cases which were County Council responsibility																
				In respect of accommodation provided under S.21(1)(a)						In respect of accommodation provided under S.21(1)(b)										
				No. at 31st Dec., 1967		Admis- sions		Dis- charges		Deaths		No. at 31st Dec., 1968		Admis- sions		Dis- charges		Deaths		No. at 31st Dec., 1968
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Blackburn C.B.C.	...	...	...	Park View, Blackburn	3	—	1	—	1	—	1	—	2	—	—	—	—	—	—	—
Burnley C.B.C.	...	...	...	Moorfields, Burnley	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Liverpool C.B.C.	...	...	...	Westminster House, Liverpool	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	
Manchester C.B.C.	...	...	...	Newholme, Withington	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
Preston C.B.C.	...	...	...	Preston Civic Hostel, Fulwood	9	8	1	1	—	—	2	1	8	—	—	—	—	—	—	
Salford C.B.C.	...	...	...	The Homestead, Salford	1	2	—	1	—	—	—	—	1	3	—	—	—	—	—	
Wigan C.B.C.	...	...	...	Social Welfare Home, Frog Lane, Wigan	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	
TOTAL—Former Public Assistance Institutions				...	...	15	16	2	2	1	—	3	1	13	17	—	—	—	—	—
Manchester C.B.C.	...	...	...	Langho Epileptic Colony, Langho	57	72	7	4	5	5	2	1	57	70	—	—	—	—	—	—
TOTAL—All above establishments				...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...



TABLE 33—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1968 (continued)—

(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area)—  
(a) Other than Homes for the Blind

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1967		Admissions		Discharges		Deaths		No. at 31st Dec., 1968	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Abbeyfield Society	Draycombe House, Morecambe	—	11	—	2	—	—	—	3	—	10
Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	—	2	—	—	—	—	—	—	—	2
Alexian Brothers' Nursing Order (Lourdes Hospital)	Alexian Brothers' Home, Moston, Manchester	12	—	3	—	—	—	1	—	14	—
Ashton-under-Lyne Housing Association	Grasmere Lodge, Ashton-under-Lyne	5	24	—	3	1	3	—	2	4	22
Blackpool and Fylde Society for the Deaf	115, Newton Drive, Blackpool	5	1	—	—	—	—	1	—	4	1
Bradford and District Spastics Society	Grove House, Bradford, 7	—	—	—	1	—	—	—	—	—	1
British Deaf and Dumb Association	Ernest Ayliffe Home, Rawdon, near Leeds	2	—	—	—	—	—	—	—	2	—
British Diabetic Association (Cheshire Branch)	Charles Best Home, Parkgate	—	1	1	1	—	—	1	—	—	2
British Legion	Lister House, Sharow, near Ripon	4	—	1	—	—	—	—	—	5	—
British Red Cross Society	Binswood, Didsbury	—	1	1	2	—	1	—	—	1	2
Bushell's Hospital Charity	Evelyn Devonshire Home, Buxton	—	1	—	—	—	—	—	—	—	1
Cheshire Foundation Homes	Bushell's Hospital, Goosnargh	1	2	—	1	—	—	—	—	1	3
	Honresfeld, Littleborough	5	7	1	1	—	2	2	—	4	6
	Seven Rivers Home, Great Bromley	—	1	—	—	—	1	—	—	—	—
	Lake District Home, Holehird	7	7	—	1	1	—	1	2	5	6
	The Hill, Sandbach	1	—	—	—	—	—	—	—	1	—
	Tees Side Cheshire Home, Marske Hall, Marske-by-the-Sea	—	—	—	—	—	—	—	—	—	—
	Springwood House, Liverpool, 19	2	3	—	1	—	1	—	—	2	3
Christadelphian Rest Homes	Garwood, Southport	—	2	—	—	—	—	—	—	—	2
	Rest Haven, Southport	—	2	—	—	—	—	—	1	—	1
Church Army	Bethaney, Clarendon Place, Leamington Spa	—	—	—	1	—	—	—	—	—	1
	Sunset Home, 9 Merton Road, Bootle	—	3	—	—	—	—	—	—	—	3
	Linnaeus House, Hull	—	1	—	—	—	—	—	—	—	1
Civil Service Benevolent Fund	Oakhill House, Sussex	—	1	—	—	—	—	—	—	—	1
Cotbrook Home for Cripples	Cotbrook Home for Cripples, Lymm	—	6	—	1	—	—	—	—	—	1
Cripplecrafft Ltd.	Cripplecrafft Home, Herne Bay	—	—	—	—	—	—	—	—	—	7
Cripples Help Society	Tan-y-Bryn, Abergele	—	1	—	—	—	—	—	—	—	1
Crosby Residential Trust Ltd.	Sundene Lodge, Waterloo	2	2	—	2	1	—	—	—	1	2
Cumberland, Westmorland and Furness Spastics Society	Scalesclough Hall, Carlisle	—	2	—	—	—	—	—	—	—	4
Community of Anglican Nuns of the Convent of St. John the Baptist	St. Annes House, Clewer Windsor	3	1	—	1	—	—	—	—	3	2
David Lewis Manchester Epileptic Colony	David Lewis Colony, Warford, Cheshire	—	3	1	—	—	1	—	—	—	3
Derwen Cripples' Training College	Derwen Cripples' Training College, Oswestry	8	8	—	—	—	—	—	—	9	7
East Lancashire Homes for Disabled Sailors and Soldiers	Broughton House, Kersal	2	—	2	—	—	—	—	—	2	—
East Lancashire Masonic Benevolent Institution	Walshaw Hall, Tottington	5	—	—	—	—	—	1	—	6	—
Eccles Old People's Welfare Association	Derby House Hostel, Eccles	1	4	—	—	—	—	—	1	1	3
Enham Alamein Village Centre	Enham Alamein Centre, Andover	15	18	6	6	3	1	2	3	16	20
Gentlewomen's Housing Association Ltd.	Rowsley, 2 Westminster Rd., Eccles	1	—	—	—	1	—	—	—	—	—
Girl Guides Association	Woodlarks Workshops, Farnham	—	4	—	—	—	—	—	1	—	3
		—	1	—	—	—	—	—	—	—	1

TABLE 33—continued.

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1967		Admissions		Discharges		Deaths		No. at 31st Dec., 1968	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Hannay Masonic Trust	Fair Lawn, Lytham	—	1	—	—	—	—	—	—	—	1
Hostels for Crippled Women	The Tithebarn, Great Crosby	1	2	—	—	—	—	—	—	1	2
Borough of Hyde Welfare for Aged, Infirm and Lonely People	Love Walk, Denmark Hill, London, S.E.5	—	1	—	—	—	—	—	—	—	1
Infantile Paralysis Fellowship	Bowlacre Home, Hyde	3	1	—	—	—	—	—	—	3	1
	Pole Bank Hall, Hyde	—	3	—	—	—	—	—	—	—	3
	Silverwood Home, Cobham	—	1	—	—	—	—	—	—	—	1
	The Lantern, Worthing	—	—	—	1	—	—	—	—	—	1
House Committee for Kolbe House	Kolbe House, London, W.5	—	1	—	—	—	—	—	—	—	1
Langdale Cottage Homes Trust	Langdale Cottage Homes, Worsley	—	4	—	1	—	—	—	—	—	1
Liverpool Women's Free Church Council	Sundale, Liverpool 17	—	1	—	—	—	—	—	—	—	5
Leeds Home for Aged Jews	Donisthorpe Hall, Leeds	1	—	—	—	—	—	—	—	—	1
Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull	11	19	3	1	—	—	—	—	1	20
Manchester Jewish Homes for the Aged	Manchester Jewish Homes for the Aged, Manchester	6	8	3	5	—	—	3	1	14	12
Maryland Home for Elderly People	Maryland Home, Formby	3	13	—	2	—	2	2	1	6	12
Methodist Homes for the Aged	Astoria, Colwyn Bay	—	1	—	3	—	1	—	—	—	3
	Engleberg, Ash Hill, Wolverhampton	1	2	—	—	—	—	—	—	—	1
	Fulwood Park, Liverpool	—	1	—	—	—	—	—	—	2	2
	Glen Rosa, Ilkley	—	1	—	—	—	—	—	—	1	1
	Homewood, Leamington Spa	—	—	—	—	—	—	—	—	—	—
	Stratton House, Bath	—	—	—	—	—	—	—	—	1	—
	Starr Hills, St. Annes	1	9	—	—	—	1	—	1	—	7
	Woodbank, Woking	—	2	—	—	—	1	—	—	—	1
	Aigburth, Dabby, Leicester	—	1	—	—	—	—	—	—	—	1
	The Convent, Leigh	—	8	—	3	—	—	—	2	—	9
Missionary Sisters of Our Lady of Apostles	Morris Feinmann Homes Trust, Didsbury	—	1	—	2	—	—	—	1	—	2
Morris Feinmann Homes Trust	Westerley, Grange-over-Sands	—	3	—	—	—	—	—	1	—	2
Mutual Aid Homes Ltd.	Park View, Chorleywood Road, Rickmansworth, Herts.	—	6	—	2	—	—	—	—	—	2
	Richardson House, Blackburn	—	—	—	—	—	—	—	—	—	2
National Institute for the Deaf	Chalfont Colony, Chalfont St. Peter	1	—	—	—	—	—	—	—	1	6
National Society for Epileptics	Prested Hall Centre, Feering	1	1	—	1	—	—	—	—	—	2
National Spastics Society	Coombe Farm, Croydon	1	—	—	—	—	1	—	—	—	—
	Daresbury Hall Centre, Daresbury	2	1	—	1	—	—	—	—	1	—
	The Bedford, Burton	1	1	—	—	—	—	—	—	2	1
	Elphick House, Bristol	—	1	—	—	—	—	—	—	1	1
	Heathbank, Halifax	—	1	—	—	—	—	—	—	—	1
	Thorn Grove House, Gillingham	2	—	—	—	—	—	—	—	2	—
	Nazareth House, Widnes	1	—	—	—	—	—	—	—	1	—
Nazareth House	Nazareth House, Crosby	30	38	16	15	10	3	8	9	28	41
		6	38	1	1	1	5	3	5	3	29



TABLE 33—continued.

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1967		Admissions		Discharges		Deaths		No. at 31st Dec., 1968	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Northern Counties Eventide Homes ...	36, Lancaster Road, Birkdale ...	...	1	...	...	...	...	...	...	...	1
Papworth Village Settlement ...	Papworth Village Settlement, Cambridge ...	...	4	...	...	1	...	...	...	3	...
Peacehaven House Committee ...	115 Roe Lane, Southport ...	...	1	...	...	...	...	...	...	...	1
Pentecostal Eventide Housing Association ...	Brooklands, Bakewell ...	...	...	...	1	...	...	...	1	...	1
	Woodend, Disley ...	...	1	...	1	...	...	...	...	...	1
Railway Benevolent Institution ...	Boxhurst, Dorking, Surrey ...	...	1	...	...	...	...	...	...	...	...
Royal Air Force Association ...	R.A.F. Assoc. Home, Sussexdowne, Storrington, Sussex ...	...	...	...	...	...	...	...	...	1	...
Royal Alfred Merchant Seamen's Society ...	Belvedere, Kent ...	...	...	...	...	...	...	...	...	1	...
St. Elizabeth's Home for Epileptics ...	St. Elizabeth's Home, Much Hadham ...	...	1	...	...	...	...	...	...	...	1
St. Joseph's Hospital ...	St. Joseph's Hospital, Manchester ...	...	1	...	...	...	...	...	...	...	1
Salvation Army Eventide Homes ...	Mowbray, Clevedon, Somerset ...	...	...	...	...	...	...	1	...	...	...
	Elizabeth Walker Home, Orrell Hey, Bootle ...	...	4	...	...	...	...	...	...	...	3
	Holt House, Prestwich ...	...	8	...	...	...	...	...	...	...	11
	Laurel Bank, Salford ...	...	5	...	...	...	...	...	...	...	6
	Mary Fowler Home, Allerton, Liverpool ...	...	...	...	...	...	...	...	...	...	2
	Marlow, Wittington, Bucks. ...	...	1	...	...	...	...	...	...	...	1
	The Hawthorns, Buxton ...	...	2	...	...	...	...	...	...	...	2
	Sunnyside, Edinburgh ...	...	1	...	...	...	...	...	...	...	1
Sir Robert Jones Memorial Workshops ...	Sir Robert Jones Workshops, Upper Parliament St., Liverpool ...	...	...	...	...	...	...	...	...	...	...
Sisters of Charity of Jesus and Mary ...	Stella Matutina Convent, Ansdell ...	...	8	...	1	...	...	...	1	...	8
	Holly Mount Convent, Tottington ...	...	43	...	14	...	...	...	4	...	52
Society of Friends ...	Beechville, Lostock Park, Bolton ...	...	6	...	...	1	...	...	...	4	...
Society of Friends of Foreigners in Distress ...	Libury Hall, Munden, Herts. ...	...	1	...	...	...	...	...	...	...	1
Stapely Home for Aged Jews ...	Stapely, Liverpool 18 ...	...	1	...	...	...	...	...	...	...	1
Stone Bower Fellowship ...	The Cove, Silverdale ...	...	11	...	2	...	...	...	2	...	11
Turner Memorial Home of Rest ...	Turner Memorial Home, Dingle Head, Liverpool ...	...	2	...	...	...	...	...	...	1	...
Urnston Housing Association ...	Ann Challis Eventide Home, Urnston ...	...	18	...	14	...	...	...	7	...	21
	Haylands Eventide Home, Urnston ...	...	17	...	3	...	...	...	...	17	...
Women's Voluntary Services Residential Clubs ...	Tickford Abbey, Newport ...	...	1	...	...	...	...	...	...	...	1
	58 Elsworth Road, Hampstead ...	...	...	...	...	...	...	...	...	...	...
Yorkshire Association for the Care of Cripples ...	St. George's Training Centre, Harrogate ...	...	1	...	...	...	...	...	...	...	...
	TOTAL ...	189	407	47	107	24	33	30	50	182	431

TABLE 34—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
 ACCOMMODATION PROVIDED DURING THE YEAR 1968 (continued)—  
 (3) In Establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area) (continued)—  
 (b) Homes for the Blind

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1967		Admissions		Discharges		Deaths		No. at 31st Dec., 1968	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Barrow, Furness & South Cumberland Association for the Blind ...	Ostley House, Abbey Road, Barrow-in-Furness ...	2	—	—	1	—	—	—	—	2	1
Blackpool and Fylde Society for the Blind ...	Princess Alexandra Home for the Blind, Bosworth Place, Squires Gate, Blackpool ...	5	13	3	9	1	1	2	6	5	15
Catholic Blind Institute ...	59 Brunswick Road, Liverpool, 6 ...	1	2	—	—	—	—	—	—	1	2
Child Memorial Home for the Blind ...	Child Memorial Home for the Blind, Sunny Lawns, Sandy Walk, Wakefield ...	—	1	—	—	—	—	—	—	—	1
Fulwood Workshops for the Blind ...	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston ...	2	11	1	5	—	—	—	1	3	15
Henshaw's Institution for the Blind ...	Mary Ann Scott Home, Southport ...	—	11	—	1	—	—	—	—	—	12
Hereford County Association for the Blind ...	Thomas Briggs Lomas Home, Rhyll ...	4	—	2	—	1	—	—	—	5	—
Jewish Homes for Blind Persons ...	Hampton Grange, Hereford ...	—	1	—	—	—	—	—	—	—	1
Keighley and District Blind Society ...	Rocketfield, Westcott, Dorking ...	1	—	—	—	—	—	—	—	1	—
Liverpool Home Teaching Society for the Blind ...	Bingley Home for Blind, Bingley, Yorks. ...	—	—	1	—	—	—	—	—	1	—
Manchester Jewish Blind Society ...	Keighley Home for Blind, Scott Street, Keighley, Yorks ...	—	—	—	1	—	—	—	—	—	1
Manchester and Salford Blind Aid Society ...	Ash Lea Boarding House for Women, Aigburth Road, Liverpool ...	—	1	—	—	—	1	—	—	—	—
North London Blind Society ...	Jewish Blind Society Home, Albert Road, Southport ...	2	1	—	—	—	—	—	—	2	1
North Regional Association for the Blind ...	"Elms," Pendleton ...	—	8	—	2	—	1	—	1	—	8
Royal National Institute for the Blind ...	Godfrey Ermen Memorial Home, Southport ...	3	2	—	1	—	—	—	—	3	3
	"Oaklands," Pendleton ...	8	11	2	1	—	2	1	1	9	9
	Vernon House, Bishops Avenue, London, N.2. ...	—	1	—	—	—	—	—	1	—	—
	"Oaklands," Huddersfield Road, Holmfirth ...	2	6	—	1	—	—	—	—	2	7
	"Springhill," Nelson ...	5	14	2	3	7	13	—	4	—	—
	Royal School for the Blind, Leatherhead ...	2	—	—	—	—	—	—	—	2	—
	"Tate House," Home for the Deaf-Blind, Harrogate ...	2	1	—	—	—	—	—	—	2	1
	"Wilton Grange," West Kirby ...	1	1	—	—	—	—	—	—	1	1
	"Kathleen Chambers" Home, Burnham-on-Sea ...	1	—	—	—	—	—	—	—	1	—
	Westcliffe House, Westgate-on-Sea ...	—	1	—	—	—	—	—	—	—	1
	TOTAL ...	41	86	11	25	9	18	3	14	40	79



TABLE 35—HOUSING

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1968

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR								DEFECTIVE DWELLINGS				UNFIT DWELLINGS		
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year		
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made	
Abram ...	40	—	—	—	—	—	—	—	304	580	—	16	4	20	
Accrington (B) ...	29	—	9	—	—	—	—	—	1,417	3,311	8	108	305	485	
Adlington ...	83	16	31	16	—	—	—	—	88	146	10	35	3	—	
Ashton-in-Makerfield ...	261	25	12	25	—	—	—	—	392	994	144	22	73	217	
Ashton-under-Lyne (B) ...	138	24	—	24	—	—	—	—	1,587	2,494	1,221	114	261	*	
Aspull ...	48	—	—	—	—	—	—	—	130	318	58	2	16	328	
Atherton ...	238	54	12	54	—	—	—	—	529	672	47	27	16	147	
Audenshaw ...	68	—	68	—	—	—	—	—	490	982	—	—	4	500	
Bacup (B) ...	45	57	15	57	—	—	—	—	599	1,636	—	33	125	1,332	
Barrowford ...	26	—	—	—	—	—	—	—	159	379	7	6	5	170	
Billinge and Winstanley ...	166	—	—	—	—	—	—	—	143	501	10	3	20	20	
Blackrod ...	34	—	—	—	—	—	—	—	275	380	2	13	2	20	
Brierfield ...	25	—	—	—	—	—	—	—	308	600	—	13	14	—	
Carnforth ...	12	—	—	—	—	—	—	—	100	170	14	—	—	—	
Chadderton ...	249	—	21	—	—	—	—	—	1,726	3,276	107	124	2,485	—	
Chorley (B) ...	147	52	4	52	—	—	—	—	518	1,350	392	60	112	40	
Church ...	—	14	—	14	—	—	—	—	150	200	9	22	66	7	
Clayton-le-Moors ...	56	8	21	8	—	—	—	—	34	97	25	—	12	17	
Clitheroe (B) ...	58	—	—	—	—	—	—	—	84	157	24	33	36	300	
Colne (B) ...	78	40	36	40	—	—	—	—	225	817	130	20	45	161	

\* Not available

\* Not available

TABLE 35—continued.

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE DWELLINGS				UNFIT DWELLINGS			
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
Crompton ...	217	24	23	24	—	—	194	—	566	847	18	26	65	236
Crosby (B)...	51	319	16	234	—	—	35	85	3,397	6,825	735	226	325	1,339
Dalton-in-Furness	61	—	—	—	—	—	61	—	69	141	24	3	14	7
Darwen (B)	80	—	—	—	—	—	80	—	257	513	4	30	106	—
Denton ...	184	—	—	—	—	—	184	—	2,479	3,675	104	13	31	55
Droylsden ...	16	—	10	—	—	—	6	—	408	900	—	35	219	474
Eccles (B) ...	42	38	32	38	—	—	10	—	5,780	9,428	241	160	291	584
Failsworth...	51	—	22	—	—	—	29	—	151	459	53	10	26	212
Farnworth (B)	67	18	14	18	—	—	53	—	500	2,108	230	102	197	104
Fleetwood (B)	145	8	4	8	—	—	141	—	182	363	98	—	37	63
Formby ...	414	—	14	—	—	—	400	—	116	171	118	8	—	4
Fulwood ...	235	2	35	2	—	—	200	—	213	382	164	—	—	—
Golborne ...	336	16	40	16	—	—	296	—	367	778	205	11	19	39
Grange ...	13	5	—	—	—	—	13	5	6	10	—	—	—	—
Great Harwood	135	—	96	—	—	—	39	—	80	180	42	35	30	165
Haslingden (B)	122	24	25	24	—	—	97	—	424	971	76	94	100	307
Haydock ...	76	—	—	—	—	—	76	—	303	623	87	14	7	291
Heywood (B)	94	46	—	46	—	—	94	—	1,848	5,544	196	145	59	660
Hindley ...	166	—	—	—	—	—	166	—	411	619	—	15	68	305
Horwich ...	140	50	20	50	—	—	120	—	1,182	1,831	497	14	31	112
Huyton-with-Roby	264	85	239	84	12	—	13	1	1,243	2,253	121	—	—	88



TABLE 35—continued.

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE DWELLINGS				UNFIT DWELLINGS			
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
Ince-in-Makerfield	79	25	12	25	—	—	67	—	473	602	17	236	237	1,278
Irlam	411	38	52	38	325	—	34	—	272	758	157	—	4	—
Kearsley	55	48	—	48	—	—	55	—	158	118	12	13	19	48
Kirkby	515	—	468	—	—	—	47	—	849	1,135	236	—	—	—
Kirkham	34	—	—	—	—	—	34	—	348	528	142	9	9	—
Lancaster (B)	171	—	29	—	—	—	142	—	665	1,284	30	—	42	7
Lees	82	—	39	—	—	—	43	—	204	269	76	16	56	152
Leigh (B)	204	—	8	—	—	—	196	—	593	2,174	—	64	96	1,800
Leyland	178	10	2	10	—	—	176	—	41	59	20	3	5	3
Litherland...	51	16	43	12	—	—	8	4	1,621	3,565	689	13	48	249
Littleborough	179	—	80	—	—	—	99	—	215	568	25	23	35	—
Little Lever	308	8	129	8	—	—	179	—	224	555	—	38	131	3
Longridge	73	—	—	—	—	—	73	—	69	139	30	—	8	20
Lytham St. Annes (B)	156	150	—	58	—	—	156	92	69	297	—	2	3	5
Middleton (B)	68	—	—	—	2	—	66	—	1,502	2,795	—	195	326	717
Milnrow	81	—	—	—	—	—	81	—	272	416	1	10	14	16
Morecambe and Heysham (B)	111	26	—	—	—	—	111	26	1,260	2,062	7	—	2	—
Mossley (B)	115	—	—	—	—	—	115	—	181	420	88	21	141	30
Nelson (B)...	24	—	—	—	—	—	24	—	157	1,122	—	—	77	18
Newton-le-Willows	84	—	30	—	—	—	54	—	618	1,315	148	13	36	35
Ormskirk	246	48	2	42	—	—	244	6	715	1,630	145	18	53	52

TABLE 35—continued.

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE DWELLINGS				UNFIT DWELLINGS			
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
Orrell ... ..	34	42	—	42	—	—	34	—	487	815	30	10	5	164
Oswaldtwistle ... ..	123	—	76	—	—	—	47	—	173	210	30	4	144	372
Padiham ... ..	35	12	—	12	—	—	35	—	192	346	53	17	17	95
Poulton-le-Fylde ... ..	136	4	—	—	—	—	136	4	23	93	16	—	—	—
Preesall ... ..	119	—	—	—	—	—	119	—	16	20	1	—	—	—
Prescot ... ..	25	—	24	—	—	—	1	—	714	1,491	15	25	7	20
Prestwich (B) ... ..	106	50	—	30	67	20	39	—	144	432	43	61	136	263
Radcliffe (B) ... ..	280	—	66	—	—	—	214	—	809	1,643	60	141	133	450
Rainford ... ..	158	6	—	—	—	—	158	6	10	23	—	—	10	8
Ramsbottom ... ..	135	—	—	—	—	—	135	—	23	51	—	13	73	—
Rawtenstall (B) ... ..	93	36	60	36	—	—	33	—	81	229	30	223	219	1,040
Rishton ... ..	44	24	6	12	—	—	38	12	43	128	21	—	—	—
Royton ... ..	211	—	—	—	5	—	206	—	395	583	122	47	21	—
Skelmersdale and Holland ... ..	411	—	33	—	372	—	6	—	221	515	96	17	39	99
Standish-with-Langtree ... ..	127	8	—	8	—	—	127	—	248	602	75	—	2	52
Stretford (B) ... ..	—	288	—	288	—	—	—	—	1,359	4,513	48	146	520	1,741
Swinton and Pendlebury (B) ... ..	113	90	30	80	—	—	83	10	1,322	3,280	135	73	161	94
Thornton Cleveleys ... ..	207	15	—	—	—	—	207	15	35	245	8	1	2	4
Tottington... ..	189	4	—	—	—	—	189	4	—	—	—	—	1	146
Trawden ... ..	16	—	16	—	—	—	—	—	97	115	—	2	7	16
Turton ... ..	419	8	8	8	—	—	411	—	472	531	167	2	16	157



TABLE 35—continued.

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR								DEFECTIVE DWELLINGS				UNFIT DWELLINGS		
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year		
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					In respect of which demolition, etc., orders have been made	In respect of which orders have not yet been made	
Tyldesley ...	333	—	1	—	—	—	332	—	226	426	46	35	23	1	
Ulverston ...	142	4	8	4	—	—	134	—	23	50	32	—	46	11	
Urmston ...	296	—	73	—	—	—	223	—	191	397	20	25	18	12	
Walton-le-Dale ...	320	—	—	—	—	—	320	—	547	712	219	—	13	13	
Wardle ...	37	—	—	—	—	—	37	—	311	201	—	1	19	44	
Westboughton ...	144	—	—	—	—	—	144	—	761	2,137	202	32	73	108	
Whitefield ...	228	94	—	—	65	94	163	—	121	314	22	6	—	25	
Whitworth ...	68	4	23	4	—	—	45	—	151	288	35	57	19	87	
Widnes (B) ...	479	59	216	54	—	—	263	5	2,902	4,116	152	176	293	1,504	
Withnell ...	38	—	—	—	—	—	38	—	—	—	—	—	—	—	
Worsley ...	217	82	104	42	—	—	113	40	930	1,558	167	25	112	319	
Total Urban Districts ...	13,218	2,124	2,457	1,695	848	114	9,913	315	52,773	105,556	8,889	3,405	8,700	20,087	

TABLE 35—continued.

RURAL DISTRICTS	NEW HOUSES ERECTED DURING YEAR								DEFECTIVE DWELLINGS			UNFIT DWELLINGS		
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
Blackburn ...	164	—	—	—	—	—	164	—	18	29	1	—	13	8
Burnley ...	129	—	30	—	—	—	99	—	150	376	111	19	61	284
Chorley ...	511	—	22	—	—	—	489	—	103	357	57	46	—	67
Clitheroe ...	4	—	—	—	—	—	4	—	66	73	11	—	4	10
Fylde ...	383	—	—	—	—	—	383	—	34	50	2	1	15	48
Garstang ...	317	2	19	2	—	—	298	—	78	316	43	3	11	17
Lancaster ...	104	—	—	—	—	—	104	—	210	579	16	—	4	2
Lunesdale ...	95	—	14	—	—	—	81	—	67	98	7	—	9	11
North Lonsdale ...	119	—	18	—	—	—	101	—	320	415	19	10	97	45
Preston ...	384	3	—	—	—	—	384	3	396	767	13	2	10	28
Warrington ...	752	12	—	—	23	12	729	—	581	1,225	305	—	38	36
West Lancashire ...	542	9	18	—	—	—	524	9	618	1,091	166	6	40	24
Whiston ...	1,112	667	86	27	553	640	473	—	1,342	2,173	185	7	56	20
Wigan ...	279	—	—	—	—	—	279	—	76	210	33	—	28	39
Total Rural Districts ...	4,895	693	207	29	576	652	4,112	12	4,059	7,759	969	94	386	639
Total Urban Districts ...	13,218	2,124	2,457	1,695	848	114	9,913	315	52,773	105,556	8,889	3,405	8,700	20,087
Total Administrative County ...	18,113	2,817	2,664	1,724	1,424	766	14,025	327	56,832	113,315	9,858	3,499	9,086	20,726



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